

Manitoba Health

**Annual Report
2004-2005**

Manitoba 



MINISTER OF HEALTH

Room 302
Legislative Building
Winnipeg, Manitoba, CANADA
R3C 0V8

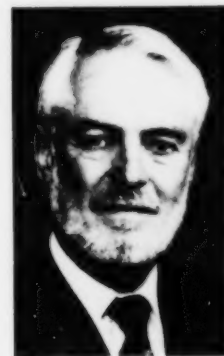
His Honour, The Honourable John Harvard
Lieutenant-Governor
Province of Manitoba

May It Please Your Honour:

We have the privilege of presenting the Annual Report of Manitoba Health and the Annual Report of the Manitoba Health Services Insurance Plan for the fiscal year 2004/05. The reports, which are published as one document, are required under *The Department of Health Act* and *The Health Services Insurance Act* respectively.

Respectfully submitted,

Tim Sale
Minister of Health



Theresa Oswald
Minister of Healthy Living



Manitoba



Deputy Minister
of Health
of Healthy Living

Winnipeg, Manitoba R3C 0V8
CANADA

The Honourable Tim Sale
Minister of Health

The Honourable Theresa Oswald
Minister of Healthy Living

Dear Ministers:

I am pleased to present the Annual Report of Manitoba Health and the Annual Report of the Manitoba Health Services Insurance Plan for the fiscal year 2004/05.

Manitoba Health continues to believe that sustaining our universal, comprehensive, accessible and appropriately funded and administered health care system is of paramount importance. Manitoba Health's commitment to improving the health status of all Manitobans remains strong, and in 2004/05, we took steps to further this commitment.

Major achievements of the Department for the fiscal year 2004/05 include:

- ♦ **Healthy Living:** Promotion of healthy living continues to be a major priority of the department. Toward this end, the Healthy Living website was launched in 2004 as part of the comprehensive Healthy Living strategy. The website provides links to information on active living, healthy eating, injury prevention and smoking cessation.
- ♦ **Continued effort towards improved access and wait time reduction** through the;
 - establishment of new community cancer programs in Deloraine and Pinawa.
 - expansion of the orthopedic surgical program at the Boundary trails Health Centre in Winkler and Morden.
 - expansion of the cataract surgery programs at Portage District General Hospital and the Pan-Am Clinic in Winnipeg.
 - expansion of the surgical program at Selkirk and District General Hospital.
 - increased funding for pediatric dental surgeries in Winnipeg and Beausejour.
 - purchase of new medical equipment including multi-slice CT Scanners for Concordia and Grace Hospitals in Winnipeg.
 - purchase of a digital radiographic Fluoroscopic radiography for the Burntwood Regional Health Authority.
- ♦ **Establishment of the Manitoba Institute for Patient Safety** to promote, co-ordinate and stimulate research and initiatives that enhance patient safety and quality care in Manitoba.
- ♦ **Expansion of coverage under the Pharmacare program** for Manitobans with the addition of 287 new drugs and 62 new interchangeable categories.
- ♦ **Continuation of Manitoba's primary health care reform** through construction of five new primary health care centres in The Pas, Flin Flon, Waterhen, Camperville and Riverton. These projects are financed through the Primary Health Care Transition Fund (PHCTF). Additionally, 17 Regional Health Authority initiated projects were funded through the PHCTF and are in various stages of implementation.

- ♦ **Improving access for rural and northern Manitobans to health services** with the opening of a new \$5.2 million renal health and treatment unit in Garden Hill to improve access for dialysis patients and a new command and control centre for rural and northern emergency medical services. The goal of the new command and control centre is to provide faster response times and more efficient co-ordination and deployment of emergency medical resources in rural and northern Manitoba.
- ♦ **Continued improvement in nursing supply in Winnipeg and more gradual improvements in rural and northern regions.** The improved nursing supply is a result of investments in nursing education, as well as recruitment and retention strategies.
- ♦ **Continued support of the Manitoba strategy to boost physician supply.** In 2004/05, the total number of medical students who have received financial support for their education in return for a promise to provide physician services in Manitoba rose to 335. Also, Manitoba Health continued to negotiate retention fund with the Manitoba Medical Association to address physician resource challenges and continued to work to make it easier for international medical graduates to practice in Manitoba.
- ♦ **Release of Manitoba's second Comparable Health Indicators Report** which focuses on healthy living and the performance and delivery of health programs and services in Manitoba. The report revealed, among other things, that over 80% of Manitobans who recently received a service were satisfied with the service provided and rated the quality of care they received to be good or excellent.
- ♦ **Major improvements to hospital infrastructure** including:
 - new investment to expand and renovate Pan-Am Clinic.
 - Health Sciences Centre redevelopment.
 - critical services redevelopment project at the Brandon Regional Health Centre.
 - capital investment to improve access to safe and secure health care at the Ste. Anne Hospital in the South Eastman Regional Health Authority.
 - the Gimli Health Centre redevelopment.
 - replacement of the Swan River Valley Health Centre.
 - implementation of the first phase of the Selkirk Mental Health Centre redevelopment project.
- ♦ **Province-wide expansion of the successful Healthy School pilot project** which focuses on contributing to the enhancement of the physical, emotional and social health of students, their families, school staff and school communities.
- ♦ **Establishment of the Manitoba Prostrate Centre** which provides access to information, education, assistance with treatment decisions, and psychosocial counseling to prostrate cancer patients. It is expected that the centre will see between 500 to 1,000 patients in its first year of operation.
- ♦ **Four new vaccines made available to eligible Manitoba Children at no charge** as part of the effort to continue to strengthen public Health in Manitoba.

I would like to commend Manitoba Health staff, Regional Health Authorities and health care partners whose dedication have made our achievements in 2004/05 possible. With our focus on the future, we are working to ensure that Manitobans continue to receive safe, timely, quality health care they need and value.

Respectfully submitted,

Arlene Wilgosh

Arlene Wilgosh



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Preface/Introduction

Report Structure

This annual Report is organized in accordance with the Department of Health appropriation structure, as set out in the Main Estimates of Expenditure of the Province of Manitoba for the fiscal year ending March 31, 2005. It provides information on the Department and the Manitoba Health Services Insurance Plan.

The report includes information at the Main and Sub-Appropriation levels related to the department's strategic direction, actual results, financial performance and variances. A five year adjusted historical table of staffing and expenditures is provided. In addition, expenditure and revenue variance explanations are provided.

A separate financial section includes the audited financial statements of the Manitoba Health Services Insurance Plan. Included with the financial statements is the Schedule of Payments pursuant to the provisions of *The Public Sector Compensation Disclosure Act*.

Role and Mission

Manitoba Health is a line department within the Government structure and operates under the provisions of statutes and responsibilities charged to the Minister of Health and the Minister of Healthy Living. The formal mandates contained in legislation, combined with mandates resulting from responses to emerging health and health care issues, establish a framework for the planning and delivery of services.

The stated Vision of Manitoba Health is "Healthy Manitobans through a balance of prevention and care". Manitoba Health leads the way to quality health care, built with creativity, compassion, confidence, trust and respect.

It is the Mission of Manitoba Health to lead a (publicly administered) health system that meets the needs of Manitobans and to promote their health and well-being. This Mission is accomplished through a structure of comprehensive functions, encompassing strategic direction, legislation, policy, guidelines, strategy and program development, funding and fiscal accountability, direct delivery of specialized, provincial programs, aimed at the provision of appropriate, effective and efficient health and health care services. Most services are delivered through Regional Health Authorities, hospitals and other health care organizations. The Department also manages the insured benefits claims payments for residents of Manitoba related to the cost of medical, hospital, personal care, Pharmacare and other health services.

It is also the role of Manitoba Health to foster innovation in the health system. This is accomplished through: developing mechanisms to assess and monitor quality of care; utilization and cost effectiveness; fostering behaviours and environments which promote health; promoting responsiveness and flexibility of delivery systems; and alternative and less expensive services.

Report Context

Manitobans rank health and health care as a top priority for Government. The public demand for new and expanded services remains high. A key strategic challenge for Manitoba Health is to accommodate public perceptions, government commitments, and public and provider demands to achieve additional efficiencies while maintaining necessary quality services and making appropriate structural changes.

Manitoba Health administers the most complex and publicly visible social program provided by Government. The program is delivered partially by the department; partially through grants to agencies; partially through arm's length Health Authorities; and partially by independent physicians, or other service providers paid through fee-for-service or alternative means. It is a complex combination of insured benefits; services provided through public institutions, ranging from community-based primary care through tertiary care teaching hospitals; and publicly regulated but privately provided services such as proprietary personal care homes.

Manitoba Health continues to improve the quality of the health care system and to meet the public's expectations by working to reduce waiting lists, to provide service enhancements, and to recruit and retain health care professionals. These issues are at the forefront of public concern.

Our health care system is under pressure to treat more people, expand services, and increase wages for service providers. New and improved surgical procedures, technology, and drugs promise better outcomes for health and create increased public demand for health care services. This trend is seen throughout Canada. The Romanow Report: Building on Values: the Future of Health Care in Canada (2002) made care and treatment recommendations related to disease prevention and health maintenance. Manitoba continues to examine those recommendations in the context of our health care system.

In 2002, the National Steering Committee on Patient Safety made recommendations to improve patient safety. These recommendations, along with the Report of the Review and Implementation Committee for the Report of the Manitoba Pediatric Cardiac Surgery Inquest (Thomas Report 2001), serve as a foundation for continuing government action to improve patient safety and quality care in Manitoba.

In 2004, the Federal Government announced a 10-year plan to strengthen healthcare. Foremost on this agenda is the need for improving access to care and reducing wait times, and strategic investments in areas such as: increasing the supply of health professionals (e.g. doctors, nurses and pharmacists); effective community based services, including home care; a pharmaceuticals strategy; effective health promotion and disease prevention; and adequate financial resources. This plan aligns with current priorities of Manitoba Health and with added funding additional resources will be allocated towards achieving common outcomes that improve quality and access to care in Manitoba.

Other strategic challenges are to provide services to maintain the quality of life for Manitobans living with chronic diseases and conditions; to reform services in mental health; Pharmacare; primary health care; and to invest in continuing care. In addition, Manitoba Health continues to improve access to care, and to reduce the waitlists for services through a variety of strategies that include a broader influenza vaccination program, and better coordination of hospital resources. Other measures to reduce the demand for hospital beds include ambulatory care initiatives, community health centres, and the investment in home care.

Manitobans have different interests and perspectives when it comes to learning about its Government. With respect to the health system, there is a heightened public awareness as the media generates almost daily stories about our health facilities and care providers. For Manitoba Health, reporting about its performance enhances its accountability in two significant ways. First is the value it adds for Manitobans in understanding how the organization works in planning and achieving results. Second is the inside look at the system overall, including the governance and management of resources, for a more meaningful picture of health in our Province.

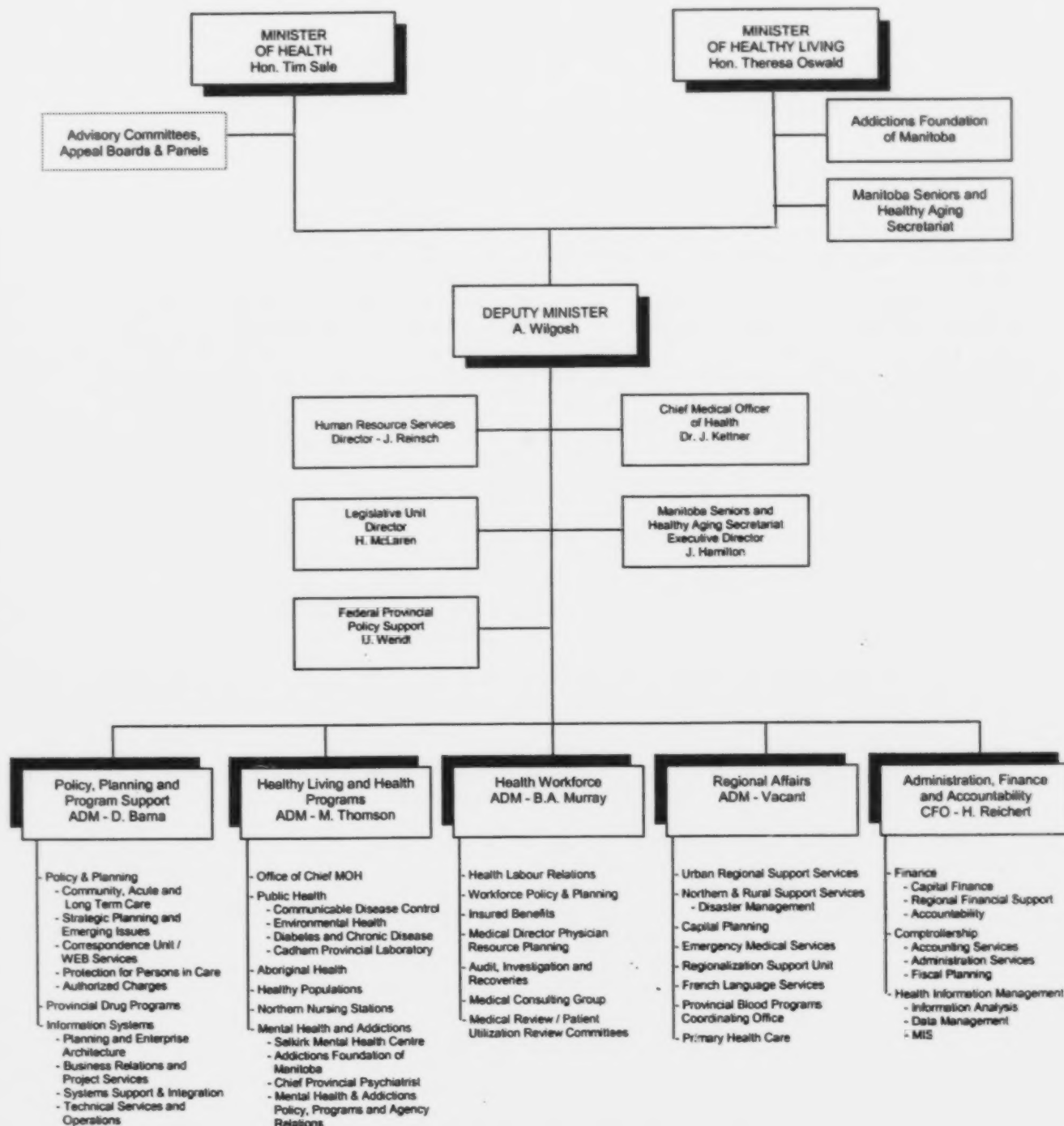
Organization

During 2004/05, Manitoba health was reorganized to reflect the Department's objectives to create a structure which would better meet the health care needs of Manitobans. This annual report is organized in accordance with the Department's appropriation structure which reflects the organization chart dated March 31, 2004.

DEPARTMENT OF HEALTH AND HEALTHY LIVING

ORGANIZATION CHART

EFFECTIVE MARCH 31, 2005



Administration and Finance

Ministers' Salaries

Provides the Ministers of Health and Healthy Living with the additional compensation to which individuals appointed to the Executive Council are entitled.

The objectives were:

- To provide leadership and policy direction for the renewal of the health care system and the delivery of a comprehensive range of health and health care services for Manitobans.
- To provide leadership and policy direction in the development of a comprehensive approach to enhance and improve the health and wellness of Manitobans with particular emphasis on healthy living.

The expected and actual results for 2004/05 included:

1. Achievement of the goals and strategic priorities established by the Premier and Cabinet regarding the direction of healthy living and health care for Manitobans.
2. Development and evaluation of alternative health care strategies that meet the challenges for health and health care in Manitoba.
3. Development and evaluation of healthy living strategies that meet the challenges for health improvement and wellness in Manitoba.
4. Broadly based partnerships through extensive consultation.

1(a) Ministers' Salaries

Expenditures by Sub-Appropriation	Actual 2004/05 \$(000's)	FTE	Estimate 2004/05 \$(000's)	Variance Over(Under) \$(000's)	Expl. No.
Salaries and Employee Benefits	57.8	2.00	58.8	(1.0)	
Other Expenditures					
Total Sub-Appropriation	57.8	2.00	58.8	(1.0)	

Executive Support

Executive Support provides for the operation of the offices of the Minister of Health and the Minister of Healthy Living, and the Deputy Minister of Health and Healthy Living.

The purpose of the Executive Support is to advise the Ministers on all policy and program matters related to the Department; provide executive leadership, direction, and administration of the activities of the Department to meet government policy objectives; and provide administrative support for the offices of the Ministers and Deputy Minister.

The objectives were:

- To provide support to the Minister of Health and Minister of Healthy Living through strategic direction in management, policy development, program determination and administration to protect, preserve and promote the health of all Manitobans.
- To lead the way to a health system that is respected for its ability to improve health and well-being among Manitobans, and provide quality health care in a cost effective, sustainable and equitable manner.
- To empower Manitobans through knowledge, choices and access to the best possible health resources.
- To build partnerships and alliances for health and supportive communities.

The expected and actual results for 2004/05 included:

1. Implementation of health system renewal strategies and initiatives.
2. Efficient management of provincial health care resources.
3. Effective program strategies for responding to the challenges of healthy living and health care in Manitoba.
4. Specific policy initiatives to address emerging health care issues.
5. Refinement of the provincial plan for health delivery.
6. Improvement in departmental and system-wide management practices.

1(b) Executive Support

Expenditures by Sub-Appropriation	Actual 2004/05 \$(000's)	FTE	Estimate 2004/05 \$(000's)	Variance Over(Under) \$(000's)	Expl. No.
Salaries and Employee Benefits	1,041.6	13.00	967.6	74.0	
Other Expenditures	210.1		185.6	24.5	
Total Sub-Appropriation	1,251.7	13.00	1,153.2	98.5	

Finance

Finance is responsible for the managing of the internal financial affairs of Manitoba Health including the Manitoba Health Services Insurance Plan and coordinating administrative support services to meet departmental operating requirements.

Finance is also responsible for providing a fair and equitable distribution of available funds for Regional Health Authorities (RHAs) and other funded agencies in accordance with government priorities, through the review, recommendation and approval of RHA Health Plan submissions, budget allocations and monitoring of financial, statistical and operational results.

Finance also provides financial support and analysis to the department overall, and provides consultation, analytical services and support to internal and external clients as it relates to existing, new and expanded programs.

Finance is composed of the following:

Accounting Services

Accounting Services is responsible for the preparation of a complete annual Financial Statement package including working papers for the Health Services Insurance Plan (HSIP), monthly financial statements, administration of trust funds and the payment of, and reporting on, the processing of accounts payable for the department and the HSIP.

Administrative Services

Administrative Services is responsible for the administration of contracts, the maintaining of Health buildings, managing space requirements within the Health buildings, managing the departmental fleet and parking programs, maintaining telecommunications, security, insurance and other centralized corporate services.

Authorized Charges Unit

Authorized Charges Unit is responsible for ensuring that there is an equitable rate structure in place for long term care clients in order to maintain an appropriate level of revenue, which in turn, partially offsets total costs of long term care for RHAs.

Management Information System

Management Information System (MIS) manages the implementation and maintenance of the provincial MIS financial and statistical reporting system, based on the national reporting requirements in the MIS guidelines. This includes maintaining the Chart of Accounts, distribution of annual updates to the Manitoba Facility Reporting System User Guide and preparation of the annual file submission to the Canadian MIS Database.

Capital Finance

Capital Finance is responsible for managing capital finance for completed and in-progress capital projects and equipment approvals for RHAs and other health facilities.

Medical

Medical is responsible for providing financial support for the Physician Fee-for-Service and Alternate Funding programs as it relates to cash flows, preliminary estimates, costing of contracts and fees. In addition the branch provides support for programs in the department which includes, but is not limited to, responding to queries, fund management and budget issues.

Regional Financial Support

Regional Financial Support is responsible for the allocation and monitoring of the funding made available to RHAs and facilities as required under legislation and in accordance with Manitoba Health policy. The branch works with RHAs and facilities in applying budget funding policy, reviewing health plans for estimates, monitoring operating performance and reviewing and preparing year-end settlements.

Fiscal Planning

Fiscal Planning is responsible for the on-going budgetary and financial leadership, critical analysis, and advisory support and direction to program areas within Manitoba Health. The branch is also responsible for coordinating and monitoring the preparation and distribution of the annual estimates documents (including the Supplementary Information for Legislative Review), monthly, quarterly and year-end cashflow analysis and variance reporting, and preparation of the Annual Report, all within guidelines and established time frames.

The objectives were:

- To provide a complete identification and fair allocation of both tangible and fiscal resources, and through monitoring and reporting, ensure the effective and efficient use of those resources in accordance with government priorities.
- To provide financial support, consultation and analysis to departmental programs, RHAs and agencies in order to ensure a common understanding of reporting requirements and methodologies.
- To ensure timely, accurate and consistent financial reporting from departmental programs, RHAs and External Agencies.
- To ensure an equitable personal care home rate structure exists, and to maintain a level of revenue that partially offsets the total cost of long term care for the RHAs, through the management of the assessment and appeal process for clients.
- To develop and communicate appropriate performance and outcome measures utilizing the Management Information Reporting System.

The expected and actual results for 2004/05 included:

1. Effective and efficient utilization of tangible and fiscal resources resulting in relevant budgets for departmental programs, RHAs and external agencies consistent with the established priorities of the Department.
 - Based on Departmental priorities, established guidelines and policies, Manitoba Health was able to effectively and efficiently utilize the tangible and fiscal resources of the department to provide relevant budgets to departmental programs, RHAs and external agencies.
2. Economical financing of both capital construction and equipment purchases.
 - The varied debt portfolio exceeded \$763.4 Million net of accumulated sinking funds, with interest payment requirements of \$52.4 Million and principal payments of \$55.8 Million for total debt payments of \$108.2 Million.

3. Timely and accurate preparation of the Estimates, Estimates Supplement, Quarterly Financial reports, Annual Report and other financial reports or documents.
 - Estimates, Estimates Supplement, Quarterly Financial reports, fiscal aspects of the Annual Report and other financial reports or documents were prepared in accordance with Legislative Requirements, Treasury Board and Senior Management requirements and deadlines.
4. Equitable rate structure for the Residential Charge Program.
 - Through management of a rate assessment, review and appeal process for all long term care clients, Manitoba Health was able to provide an equitable rate structure for the residential charges program. The branch received approximately 1,200 requests for review of residential charges of which 180 were brought before the Manitoba Health Appeal Board.

1(c) Finance

Expenditures by Sub-Appropriation	Actual 2004/05 \$(000's)	FTE	Estimate 2004/05 \$(000's)	Variance Over(Under) \$(000's)	Expl. No.
Salaries and Employee Benefits	3,171.5	61.00	3,243.5	(72.0)	
Other Expenditures	1,141.2		1,039.7	101.5	
Total Sub-Appropriation	4,312.7	61.00	4,283.2	29.5	

Central Services

Central Services is responsible for leadership, advice and support to the Department with a focus on human resource management, legislation development, and strategic policy advice on federal, inter-provincial, inter-jurisdictional and other issues.

Central Services is composed of the following:

Human Resources

The objectives were:

- To provide human resource support and expertise in the areas of recruitment, classification, and organizational design; compensation and benefit administration; human resource planning and staff development and training; labour relations and contract administration; policy, procedure, and standards development; and human resource management advice and support.

The expected and actual results for 2004/05 included:

1. Provided human resource services in a fair and consistent manner in accordance with Civil Service Commission policies and standards.
 - 188 permanent and temporary employees were recruited to fill vacant positions.
 - Continued efforts to develop and implement strategies to increase Employment Equity representation within the department, with increases achieved.
 - Provided support and guidance in recruitment to difficult to fill positions such as Medical Officers, Pharmacists, and Epidemiologists.
 - Participated in bargaining with the Manitoba Medical Association.
 - Provided support to management in labour/management dispute hearings.
 - Provided advice and guidance to management in resolving many labour relations issues prior to formal grievances occurring, and ongoing consultation on day-to-day management/employee issues.

2. Timely and accurate pay benefit administration provided to the Department's civil service and Manitoba Support Service employees.
 - 43 positions were reclassified.
 - 1,372 civil service SAP events processed.
 - Pay and benefit support provided to approximately 4,500 Manitoba Support Services employees.
3. Developed/provided human resource programs and policies to support the current and future needs of the department.
 - Promoted the Employee Contribution and Development program.
 - Provided leadership in the co-ordination of internal succession management strategies including the PORTAL Initiative (Pan-Organizational Retention/Recruitment Training and Learning) and a leadership development training program.
 - Provided a placement for a participant of the Civil Services Aboriginal Management Development Program.
 - Commenced the development of role profiles for clerical/administration, supervisory, middle management and analytical occupational groups.
 - Undertook an analysis of demographics and turnover data for the Department.
 - Commenced Position Planning Initiatives for "at risk" positions.
4. Integrated human resource services provided, including program and policy development, to support the needs of Health, Family Services and Housing.

Legislative Unit

The objectives were:

- To ensure that the legislation (Acts and regulations) for which the Minister of Health and Minister of Healthy Living have statutory responsibility (see Appendix I for details) reflects government policy and supports the programs and initiatives related to health and to the provision of health care in Manitoba.
- To serve as Manitoba Health's representative on a variety of regulatory Boards and Committees.

The expected and actual results for 2004/05 included:

1. Development and co-ordination of Statutes and Regulations that provide a sound legislative base for meeting the Mission of the Department.
 - Co-ordinated the development and conduct through the Legislature of the *The Non-Smokers Health Protection Amendment Act*; *The Personal Health Information Amendment Act (Spiritual Health)* and *The Human Tissue Amendment Act*.
 - The unproclaimed portions of *The Health Services Insurance Act (HSIA)*, S.M. 1998, Chapter 53 came into force on March 1, 2005. The amendments to the HSIA established a new, updated licensing regime for personal care homes. As part of the package the new Personal Care Homes Standards Regulation and the new Personal Care Home Licensing Regulation were enacted under the *Act* at the same time.
 - Several other legislative proposals went forward for the 2004/2005 Legislative Session.
2. Development and implementation of the Department's annual legislative agenda in accordance with Government processes and timelines.
 - Information and formal presentations on *The Personal Health Information Act (PHIA)* were provided to health information trustees throughout the province to assist them in upholding Manitobans' rights to access and privacy. Information about PHIA was also made available to members of the public to assist them in understanding their rights and appeal processes.
 - A public consultation on PHIA was conducted as part of a comprehensive review of the *Act*. Approximately ninety individuals and organizations participated and provided comments on the *Act*. Feedback received during the consultation process is presently under consideration.
3. Accurate and timely information provided to internal and external clients regarding legislation and the legislative process.
 - There were 60 responses to *The Freedom of Information and Protection of Privacy Act* requests for information.

- Participated in a Federal/Provincial/Territorial Working Group respecting the privacy of personal health information. As of January 1, 2004, the federal *Personal Information Protection and Electronic Documents Act* covers the collection, use or disclosure, of personal information (including personal health information) in the course of any commercial activity within a province, including provincially regulated organizations. The Working Group produced a framework to assist provinces and territories in the drafting of harmonized legislation dealing with personal health information. It was delivered to the Deputy Minister's Advisory Committee on Information and Emerging Technologies in January 2005.
- Worked with various health professional regulatory bodies in the development of regulations and proposed new acts.
- Assisted in the development of required regulation amendments under various health-related legislation. (See Appendix II for details).
- Provided information to health professionals, RHAs and students on legislation and the legislative process.
- Participated on the restructured Physician Profiles Steering Committee established to oversee the implementation of a physician profiles system. The Department is working with the College of Physicians and Surgeons to develop the necessary regulations.
- Participated on The College of Medical Laboratory Technologists of Manitoba Transitional Council which was established in 2003 to prepare for proclamation of *The Medical Laboratory Technologists Act*. The Transitional Council is working to develop the necessary regulations and bylaws and application process for the new College.

Federal Provincial/Policy Support

The objectives were:

- To provide policy, organizational and analytical support on federal/provincial and inter-jurisdictional matters including cooperative initiatives.

The expected and actual results for 2004/05 included:

1. Manitoba's interests and objectives are pursued in federal/provincial discussions.
 - Anticipated, researched and responded to inter-jurisdictional health matters that may impact Manitoba.
 - Provided trend and forecast analyses to support policy and position development.
 - Provided strategic policy advice, policy support and short term research functions on inter-provincial and inter-jurisdictional matters.
 - Established and maintained linkages with the federal health department and other provincial and territorial health departments.
 - Conducted negotiations on cooperative initiatives, and pan-Canadian institutions and policy approaches.
 - Consulted with appropriate Divisions/Branches/Units in the department to generate provincial positions on inter-jurisdictional health issues.
 - Ensured that provincial policies on inter-jurisdictional matters were co-ordinated and communicated through Linkages Committee, etc.

1(d) Central Services

Expenditures by Sub-Appropriation	Actual 2004/05 \$(000's)	FTE	Estimate 2004/05 \$(000's)	Variance Over(Under) \$(000's)	Expl. No.
Salaries and Employee Benefits	1,706.4	31.00	1,802.2	(95.8)	
Other Expenditures	262.8		326.7	(63.9)	1
External Agencies	64.7		131.7	(67.0)	
Total Sub-Appropriation	2,033.9	31.00	2,260.6	(226.7)	

Explanation Number:

1. Miscellaneous operating under-expenditures.

Health Accountability, Policy and Planning

Health Accountability, Policy and Planning provides leadership and support to internal and external clients with a focus on policy, legislation, data access and analysis, complaints management, correspondence, information resources, and performance deliverables. In addition, provides leadership to the Protection for Persons in Care Office, and administrative support for the operations of the Mental Health Review Board, the Manitoba Health Appeal Board, and the Appeal Panel for Home Care.

Administration

The objectives were:

- To provide strategic leadership and solutions to support the objectives and priorities of Manitoba's health care systems, with a focus on policy, planning, data access and analysis, information system technology, correspondence and information resources, evaluation, monitoring and accountability.
- To ensure that the unique attributes and needs of identified priority populations and programs are reflected in planning and policy development within the Department.
- To co-ordinate and align federal, provincial, health sector, inter-sector and Department projects with the priorities of the Department.
- To develop sustainable accountability structures and processes to contribute to the effective management of Manitoba's health system.
- To provide management information and operational information systems to improve the efficiency of program delivery.
- To provide administrative support for the operations of the Manitoba Health Appeal Board, Mental Health Review Board and the Appeal Panel for Home Care.

The expected and actual results for 2004/05 included:

1. Timely information will be provided to internal and external clients regarding policy issues, data access analyses and correspondence.
 - Provided a centrally co-ordinated response system for ministerial and other departmental correspondence, including the Housebook and newsletters.
 - Maintained the Manitoba Health web site related to various departmental programs and on-line public information.
2. A health information technology infrastructure which provides appropriate, timely and accurate information to enhance the delivery of health care services in the Province of Manitoba.
 - Maintained the data and technical infrastructure to support data access, analysis and dissemination. (e.g. key health databases, conversion tables, data groupers, data mining and manipulation tools, development of data warehouse).
 - Provided services and expertise related to existing information systems.
 - Ensured that security and control was maintained over all information systems, data, and environments within Manitoba Health and secured storage and management of personal health information.
 - Developed policy, procedures, and standards relative to information systems technology in consultation with clients and stakeholders.
3. Secure storage and management of personal health information.
4. Departmental awareness of issues and research taking place, as it relates to health and health care.
5. Accountability mechanisms in place for the health care delivery system.
 - Developed materials/strategies/frameworks regarding accountability, performance measurement, monitoring and governance.
 - Provided leadership in the planning processes for the development of strategic priorities and directions for the health system and for the ongoing progression of these plans within the Department.

6. Timely and effective investigations of allegations of abuse occurring in health care facilities.
7. Improved awareness of health care facilities and the general public of how to identify and prevent abuse.
 - Administered *The Protection of Persons in Care Act*, including the monitoring of abuse reporting conduct, inquiries and investigations; make referrals to professional bodies and agencies; and issue direction for health facility improvement.
8. Effective and efficient management of the Appeal Offices.
 - Manitoba Health Appeal Board served as an appeal body for recipients and providers of health services and others as provided for in *The Health Services Insurance Act*, *The Ambulance Services Act*, and *The Mental Health Act*.
 - Mental Health Review Board served as an appeal process for patients in a psychiatric facility as provided for in *The Mental Health Act*.
 - Appeal Panel for Home Care served as an appeal body for the clients or potential clients of the Home Care program.

2(a) Administration

Expenditures by Sub-Appropriation	Actual 2004/05 \$(000's)	FTE	Estimate 2004/05 \$(000's)	Variance Over(Under) \$(000's)	Expl. No.
Salaries and Employee Benefits	206.9	3.00	219.1	(12.2)	
Other Expenditures	49.6		34.1	15.5	1
Total Sub-Appropriation	256.5	3.00	253.2	3.3	

Explanation Number:

1. Miscellaneous operating over-expenditures.

Information Systems

Information Systems is responsible for providing strategic, tactical, and operational information systems and information technology leadership and solutions to support the objectives and priorities of Manitoba's health care system. Information Systems continues to provide consultative services on information systems initiatives involving the Department, other government agencies, RHAs, health care facilities, health care associations, and other providers of health care services. Information Systems co-ordinates and aligns federal, provincial, health sector, inter-sector and department projects.

The objectives were:

- To provide strategic leadership and solutions to support the objectives and priorities of Manitoba's health care system.
- To co-ordinate and align federal, provincial, health sector, inter-sector and department projects with the priorities of the Department.
- To provide management information and operational information systems to improve the efficiency of program delivery.

The expected and actual results for 2004/05 included:

1. Accessible necessary data and information for staff, in order to achieve corporate goals and objectives.
 - Developed and implemented enhanced processes (Ex: standardized business case) around the development of Information and Communications Technology (ICT) Capital Planning for Manitoba's health sector. These processes are a component of, in alignment with, and supportive of health sector business planning, and bring a greater measure of collaboration among and between the RHAs, Manitoba Health, CancerCare Manitoba, Diagnostic Services of Manitoba, etc.

- Provided secretariat support, guidance, and membership participation to the newly formed health ICT Investment Co-ordination and Advisory Committee ("InvestCo"). The committee is composed of senior representatives from around the publicly funded health sector, and is mandated to provide ICT investment co-ordination recommendations to ensure that the ICT Capital Plan is effectively crafted, reflecting health sector priorities and objectives, while employing consistent and necessary due diligence to investment decisions.
2. *Personal Health Information Act* compliant systems.
- Provided secretariat support to the Health Information Standards Council of Manitoba (HISCMB) with a focus on three activities:
 - Adoption of emerging Health Care technology standards such as HL7.
 - The identification and adoption of common data definitions - an initial list of data elements for standardization including a list of "defacto" standards.
 - A communications strategy to raise stakeholder awareness on the workings of the HISCMB.
3. Effective electronic data interchange between the Department and health care providers.
- Co-ordinated and facilitated increased network connectivity within Manitoba's health sector, utilizing and effecting improvements in Manitoba's Provincial Data Network.
4. A health information technology infrastructure which provides appropriate, timely and accurate information to enhance the delivery of health care services in the Province of Manitoba.
- Completed the implementation of the Provincial ICD10 project which not only migrated the existing ICD9 Manitoba Health and hospital abstracting systems in Winnipeg to the national ICD10 standard but added all other provincial and federal hospitals in Manitoba to the abstracting and reporting process, and thereby provided a complete and comprehensive reporting to the Canadian Institute for Health Information for Manitoba at the National level.
 - Continued to work collaboratively with the western provinces, the Information Systems branch and Public Health branch and successfully secured funding from Health Canada for a "Western Canada Chronic Disease Management Infostructure". The Chronic Disease Management System in Manitoba will use standard data definitions, developed and adopted collectively by the four western provinces.
 - Actively collaborated with Canada Health Infoway (Infoway) on the identification of and agreement on four Manitoba priority program areas in which Infoway will consider strategic investment. These priorities include registries (client, provider and location), diagnostic imaging/picture archiving, infostructure and laboratory information systems.
 - Completed the detailed planning for a new provincial Enterprise Master Patient Index which will be used to uniquely identify all individuals receiving health care services in Manitoba.
5. Upgrades and functional changes to existing systems are completed in a timely fashion, in priority sequence, and in accordance with business rules provided.
- Successfully implemented the electronic interface between the Manitoba Support Services Payroll system and the WRHA scheduling tool.
 - The "Provincial Drug Viewer" was successfully rolled out to both the River East Access Centre and emergency areas at Health Sciences Centre as part of a demonstration project.
 - Work continues on determining the business requirements and Manitoba Health information system changes necessary to allow the introduction of Nurse Practitioners in the field.
 - The tracking of West Nile Virus was added to the Communicable Disease Control information system.
 - Successfully migrated the Drug Program Information Network system from its existing, older operating environment to a new, current environment - hardware and software.
 - Participated in the Provincial Desktop Refresh project replacing most of the Department's desktop computers and also upgrading the software on these computers to current technology.
 - Completed changes to the Immunization Monitoring System, including the rewrite of the five year reminder letter process and centralizing printing and distribution processes.

2(b) Information Systems

Expenditures by Sub-Appropriation	Actual 2004/05 \$(000's)	FTE	Estimate 2004/05 \$(000's)	Variance Over(Under) \$(000's)	Expl. No.
Salaries and Employee Benefits	4,260.5	63.90	4,108.5	152.0	
Other Expenditures	824.8		623.6	201.2	1
Provincial Program Support Cost	6,405.8		6,647.0	(241.2)	
External Agencies	51.0		426.2	(375.2)	2
Total Sub-Appropriation	11,542.1	63.90	11,805.3	(263.2)	

Explanation Number:

1. Miscellaneous operating over-expenditures offset by under-expenditures in Provincial Program Support Cost.
2. The under-expenditure is primarily due to lower Canadian Institute for Health Information fees.

Health Information Management

Health Information Management provides information management and statistical services in support of the programs of Manitoba Health, the RHAs, agencies, researchers and the general public. It also provides leadership and co-ordination of health research related activities including support to the Health Information Privacy Committee under *The Personal Health Information Act (PHIA)*.

The objectives were:

- To provide the policy and scientific frameworks, standards and processes necessary to ensure the proper use of health data within Manitoba Health, and by RHAs and other parties.
- To provide the necessary data infrastructure to enable data access, analysis, interpretation, and research.
- To provide analysis and interpretation of health information to inform and support the strategic functions of Manitoba Health.
- To provide leadership and co-ordination of health research related activities.

The expected and actual results for 2004/05 included:

1. Departmental policies and standards in place for the collection, use and disclosure of health information in accordance with *The Personal Health Information Act (PHIA)*.
 - Provided input to the review of PHIA.
 - Developed policies and procedures for the use of data for health research.
 - Implemented recommendations from the audit of Manitoba Health's security practices including the development of a departmental Security Safeguards Committee.
2. Access by Manitoba Health programs to data, interpretation and analysis services to support their operational, planning, evaluation, and research needs.
 - Produced the Manitoba Comparable Health Indicator Report.
 - Produced the Annual Statistics Report and Annual Population Report.
 - Provided data and analyses required for the Report of the Manitoba Health Ministerial Working Group on Maternal and Newborn Care.
 - Provided approximately 70 standard reports to the RHAs and others.
 - Provided data to support the weekly and monthly statistical reporting on the Manitoba Health web site.
 - Responded to hundreds of ad hoc data requests from within Manitoba Health, the RHAs, external agencies, researchers, and the general public.
 - Provided data and statistical support to the Medical Review Committee, Patient Utilization Review Committee, and The College of Physicians & Surgeons standards committees.
 - Verified data to support regional, provincial and national indicator reporting initiatives including those of the Canadian Institute for Health Information and Statistics Canada.
 - Produced special analysis and briefings related to health data and research publications.

- Participated in the following health indicator related committees or initiatives:
 - First Ministers' Performance Reporting Technical Working Group (chaired).
 - Provincial Territorial Task Group on Wait Times.
 - Provincial Territorial Comparable Indicators of Access Sub-Committee.
 - Healthy Child Evaluation Committee.
 - Community Health Assessment Network.
 - Community Health Assessment Indicator Review Committee.
 - Winnipeg Indicators Initiative.
 - Provincial Sustainability Initiative.
 - Canadian Institute for Health Information Indicator Consensus Process.
 - Canadian Perinatal Database Committee.
 - Provincial MIS Data Quality and Indicator Committee.
 - Safer Health Care Now! Manitoba Steering Committee.
 - The Need to Know Partnership.
- 3. Access by RHAs, researchers, and others to health care data and statistics.
 - Transferred responsibility for the system that supports financial and statistical reporting by RHAs to the Health Information branch.
 - Provided co-ordination and support to the implementation of ICD-10 across Manitoba hospitals.
 - Continued development and maintenance of hundreds of databases to support internal and third party information requirements.
 - Participated in key health information system development initiatives within Manitoba Health (e.g., medical claims payment, provider registry, ICD-10).
 - Provided health records consultation to the RHAs within Manitoba.
 - Participated in the following committees or workgroups:
 - National Prescription Drug Utilization Information System.
 - National Physician Database Committee.
 - National Hospital Morbidity Committee.
 - National Ambulatory Care Reporting System Committee.
 - National Data Quality Technical Working Group for the Canadian Institute for Health Information Discharge Abstract Database.
 - National Health Human Resources Committee.
 - Canadian Community Health Survey Working Group.
 - CIHI Manitoba Health ICD-10 Implementation Committee.
 - Provincial ICD-10 Project Implementation Committee.
 - ICT Investment Co-ordination and Advisory Committee.
 - ICT Restructuring Advisory Committee.
 - Provincial Information Standards Council.
 - Hospital Abstract Advisory Committee (chair) and work groups.
 - Community Data Network.
- 4. Co-ordinated approach by Manitoba Health to health research.
 - Provided expert data and administrative support to the Health Information Privacy Committee established under PHIA.
 - Continued implementation of the bilateral agreement with the Canadian Institute for Health Information.
 - Provided ongoing co-ordination and support to the contractual relationship between Manitoba Health and the Manitoba Centre for Health Policy.
 - Participated in the review of researcher applications to the Canada Foundation for Innovation other research funds.
 - Undertook partnership activities related to health services research and research training in accordance with the agreement with the Canadian Health Services Research Foundation.
 - Participated as a member of the Board of the Manitoba Health Research Council.

2(c) Health Information Management

Expenditures by Sub-Appropriation	Actual 2004/05 \$(000's)	FTE	Estimate 2004/05 \$(000's)	Variance Over(Under) \$(000's)	Expl. No.
Salaries and Employee Benefits	774.4	12.00	711.5	62.9	
Other Expenditures	261.9		351.4	(89.5)	1
Total Sub-Appropriation	1,036.3	12.00	1,062.9	(26.6)	

Explanation Number:

1. Miscellaneous operating under-expenditures.

Policy and Planning

The role of Policy and Planning is to emphasize longer range strategic planning for Manitoba's health system and responsiveness to emerging health issues, and to support the Department in achieving its goal – a quality, evidence-based, people centered, accountable and sustainable healthcare system.

- 1 June 2004, Child Health and Mental Health were re-aligned to Provincial Health Programs.

The objectives were:

- To co-ordinate strategic priorities for the health system.
- To undertake ongoing environmental scans for the identification of emerging issues, risks, opportunities, and best practices related to the health system.
- To develop strategies, positions, policies and policy documents for the health system.
- To ensure that the unique attributes and needs of identified priority populations and programs are reflected in planning and policy development within the Department.
- To provide leadership in mental health through the development of provincial policies, strategic planning and to increase accountability by developing the indicators and tools necessary to measure outcomes.
- To provide leadership and policy advice in the development of a provincial healthy living strategy.

The expected results for 2004/05 included:

1. A departmental strategic plan is in place.
2. Evidence-based policies for the health sector that reflects concerns of priority populations.
3. A plan for phase one of the redevelopment of Selkirk Mental Health Centre (SMHC).
4. Improved integration of addictions and mental health services.
5. National, provincial and regional mental health data elements to support planning for a new mental health database.
6. Baseline data on key mental health indicators.
7. A provincial framework reflecting best practices for the enhancement of eating disorders services in Manitoba.
8. A provincial policy on family member and natural support participation.
9. Strong working relationships with external stakeholders in the development of policy.
10. A provincial Patient Safety Strategic Plan.
11. A provincial Healthy Living Strategy.

Policy and Planning is composed of the following:

Administration

The actual results for 2004-05 included:

- Participated in departmental policy, planning and program development processes with a view to ensuring consideration of gender-based issues as well as the specific needs of children, seniors and persons with disabilities.

- Participated in inter-sectoral policy and planning processes that represent the needs of priority populations.
- Participated in national research and data initiatives related to priority populations and prevention/early intervention topics.
- Co-ordinated the department's injury prevention and reduction strategy and encourage intersectoral responses to injury planning.

Child Health

The actual results for 2004/05 included:

- Led the development of the provincial Healthy Schools Initiative.
- Partnered with Manitoba Education, Citizenship and Youth and Healthy Child Manitoba to lead Manitoba's participation in the Pan Canadian Health Promoting Schools Consortium.
- Provided and promoted health sector participation in the inter-sectoral Children's Therapy Initiative.
- Participated in the Healthy Child Manitoba-led Early Childhood Development Estimates Process.
- Participated in inter-sectoral planning for the needs of children with specific needs and disabilities including sexually exploited children, fetal alcohol syndrome disorder, autism and others.
- Led the provincial Interdepartmental Food and Nutrition Committee to develop intersectoral responses to nutrition/healthy eating issues.
- Participated in provincial initiatives that contribute to the province's Healthy Living Strategy including such activities as the Northern Healthy Foods Initiative, Neighbourhoods Alive and "in motion".

Seniors and Persons with Disabilities

The actual results for 2004/05 included:

- Led the development of a provincial Long Term Care Strategy.
- Developed and initiated the new model for a community care pilot for the Supports for Seniors in Group Living model in Winnipeg.
- Reviewed the Cost Limit Policy to allow clients to remain longer in the community. The ensuing changes will support the provincial Long Term Care Strategy.
- Commenced review of processes of information communication technology assessment tools for the Home Care program and Personal Care Homes.
- Commenced development of a provincial restraint policy that would be inclusive of all population groups.
- Co-led development of an integrated Home Care/Mental Health Strategy.
- Initiated the first phase of an Infant Hearing Screening Program through collaboration with the Interdepartmental Children's Therapy Initiative and the participating RHAs.
- Conducted an environmental scan regarding palliative care; patient safety initiatives; care guarantees; informal caregivers; home care; core services; and, bed utilization.
- Presented the Long Term Care Strategy at departmental and interdepartmental meetings.
- Represented Manitoba Health and participated on the Federal/Provincial/Territorial working group to establish a Home Care Basket of Services.
- Represented Manitoba at a Canadian Home Care Association Invitational Roundtable (sponsored by Health Canada) to examine case management in Home Care.
- Represented Manitoba on the Western Canadian Institute of Health information End-of-Life Project.
- Presented the Long Term Care Strategy at interprovincial and national conferences on Gerontology and Canadian Home Care Association.
- Collaborated with the WRHA, Personal Care Home staffing level review.
- Collaborated with Regional Support Services, RHAs and Manitoba Family Services and Housing on Supported Housing Initiatives.

Mental Health

The actual results for 2004/05 included:

- Completed the development of a provincial policy on meaningful family member and natural support participation in mental health service planning, implementation and evaluation, in consultation with the Provincial Mental Health Advisory Council.

- Continued provincial planning in the area of eating disorders in consultation with the Provincial Network on Eating Disorders.
- In partnership with SMHC, continued co-ordination of planning for the redevelopment of the SMHC including services and supports for Manitobans with acquired brain injury (ABI).
- Initiated planning in the area of community services for Manitobans with ABI.
- Accessed funding through Neighbourhoods Alive! for the completion of a second year of the Mental Health Support Worker Certificate training program which provides training to consumers of mental health services in preparation for employment in mental health.
- Continued to lead the Co-occurring Mental Health and Substance Use Disorders initiative in collaboration with the Addictions Foundation of Manitoba and RHAs.
- Established a provincial network of addictions agencies.
- Co-ordinated training for mental health workers in the area of Fetal Alcohol Spectrum Disorders.
- Established a provincial strategy development committee on suicide prevention.
- Initiated planning in the area of Aboriginal mental health and addictions in partnership with the First Nations and Inuit Health branch, Health Canada.
- Continued funding and support of self-help organizations including the Anxiety Disorders Association, the Canadian Mental Health Association, the Mood Disorders Association, the Obsessive Compulsive Information and Support Centre, and the Manitoba Schizophrenia Society.
- Continued to provide funding and support to the Partnership for Consumer Empowerment program that promotes consumer capacity building and participation within their communities.
- Continued and enhanced funding and support to the Provincial Special Needs Unit, Mental Health Education Resource Centre of Manitoba and the Manitoba Farm and Rural Stress Line.
- Developed and piloted mental health indicators.
- Initiated planning related to the collection of mental health and addictions data.
- Continued participation on the Federal/Provincial/Territorial Advisory Network on Mental Health, the Mental Health Managers Network and various inter-departmental committees including Justice, and Family Services and Housing.
- Continued to work towards the goals of Mental Health Renewal including:
 - The enhanced, meaningful involvement of consumers, family members, and other natural supports in individual services and in health system planning.
 - The enhancement of the role of self-help groups in the mental health system and in the lives of consumers, family members, and other natural supports.
 - The development of provincial strategies for education in the areas of mental health, mental illness, and early identification and prevention of mental illness.
 - Improved availability and accessibility of quality mental health services in the province based on best practices in mental health.
 - Improved integration and continuity of mental health and health related services.

Strategic Planning and Emerging Issues

The actual results for 2004/05 included:

- Established the Manitoba Institute for Patient Safety (MIPS) and liaised with the Institute to address patient safety and quality of care issues in Manitoba.
- Facilitated the development of *Manitoba Health's Planning Document* that sets out the goals for the health care system. This document provides leadership in the planning processes for setting strategic priorities and directions for the health system and for the ongoing progression of these plans within the Department.
- Developed a discussion paper on emerging issues in healthcare, *Manitoba Health's Strategic Directions on Emerging Issues in Health Care*.
- Implemented a Policy Management Framework policy within Manitoba Health to guide policy development.
- Commissioned (by Manitoba Health) a study "*Patient Safety Issues: A System-Wide Approach for Manitoba*" from the Manitoba Centre for Health Policy. The branch will be taking the lead on the departmental Action Plan upon the release of the report.

- Developed the *Provincial Patient Safety Discussion Paper* and released for circulation to Health Authorities and key stakeholders for feedback to enhance the development of the Provincial Patient Safety Strategy.
- Participated (Manitoba) as the first province:
 - In the Canadian Patient Safety Institute's (CPSI) collaborative provincial and territorial consultations.
 - With the Institute for Safe Medication Practice (ISMP) in their Failure Mode and Effects Analysis workshop.
 - In a Root Cause Analysis workshop co-ordinated by the branch and facilitated by CPSI, working with the MIPS.
- Planned patient safety-focused Health Program Mission to Israel.
- Collaborated with Regional Support Services, the RHA Quality and Risk Management Network, and other relevant stakeholders to maintain an up-to-date master list of patient safety initiatives throughout the province.
- Undertook monthly review and co-ordinated provincial distribution of the ISMP newsletter.
- Subscribed for provincial distribution and encouraged use of ISMP Medication Self-Assessment.
- Reviewed Health Authority Corporate Risk Profiles received as required by Manitoba Health's Integrated Risk Management Strategy Policy.
- Led the Second Annual Manitoba Centre for Health Policy / Manitoba Health Day co-ordination.
- Commenced the review and revision to provincial policies related to the reporting of Critical Clinical Occurrences to the Department.

2(d) Policy and Planning

Expenditures by Sub-Appropriation	Actual 2004/05 \$(000's)	FTE	Estimate 2004/05 \$(000's)	Variance Over(Under) \$(000's)	Expl. No.
Salaries and Employee Benefits	1,717.9	26.12	1,844.6	(126.7)	
Other Expenditures	1,658.1		1,556.5	101.6	
Total Sub-Appropriation	3,376.0	26.12	3,401.1	(25.1)	

Accountability, Expectations and Evaluation

Accountability, Expectations and Evaluation provides oversight, facilitation and leadership in the development and improvement of accountability structures and processes for the effective management of Manitoba's Health system. Accountability, Expectations and Evaluation is responsible for developing and maintaining a sustainable and consistently applied accountability structure and process for Manitoba's Health system. This includes the negotiation, communication, tracking, monitoring and reporting of the RHAs performance deliverables and the integration of such deliverables into a unified RHA planning process. Accountability, Expectations and Evaluation also provides administrative support to the Mental Health Review Board, the Manitoba Health Appeal Board, and the Appeal Panel for Home Care and it performs the administrative functions of the appointment process for the Health Boards, Commissions and Committees.

The objectives were:

- In collaboration with internal and external stakeholders, lead the improvement of accountability in Manitoba's health system, with a focus on monitoring, evaluation, governance, protection for persons in care, integrated risk management, ministerial correspondence, and web-related services.

The expected and actual results for 2004/05 included:

1. Consistent application of processes for program evaluation projects.
2. Demonstrated use of program evaluation and monitoring tools and processes.
3. Specific monitoring and evaluation components are evident in the Departmental Strategic Plan.

4. Performance agreements with Regional Health Authorities, Addictions Foundation of Manitoba, and CancerCare Manitoba in place.
5. Integrated risk management policies/processes in place.
6. Timely and effective responses to ministerial inquiries and requests for information.
 - High Volume of requests answered, and requests regarding direct service delivery referred to RHAs for response.
7. Timely and effective inquiry/investigation of allegations of abuse occurring in health care facilities.
8. Improved awareness of health care facilities and the general public of how to identify and prevent abuse.
9. Positive feedback from internal and external clients regarding accessibility to and nature of web information.
 - Increased baseline web site visits and positive on-line feedback results. The Manitoba Health web site received 7,854,054 hits from 656,203 unique visitors.

Accountability, Expectations and Evaluation includes the following:

Mental Health Review Board

The Mental Health Review Board is a quasi-judicial body established under *The Mental Health Act*, which hears appeals regarding specified aspects of the admission or treatment of a patient in a psychiatric facility.

Manitoba Health Appeal Board

The Manitoba Health Appeal Board is a quasi-judicial body, which hears appeals as specified under *The Health Services Insurance Act*, *The Ambulance Services Act* and *The Mental Health Act* and serves as a link between the Minister and the health care community and the community-at-large.

Appeal Panel for Home Care

The Appeal Panel for Home Care is a non-statutory quasi-judicial body established by the Minister of Health, which hears appeals from Manitobans with respect to eligibility or level of Home Care services received, and serves as an advisory body to the Minister on policy matters related to the Home Care program.

The expected and actual results for the Appeal Boards for 2004/05 included:

1. Enhanced communication between the health care community, the community at large and the Ministers.
 - Enhanced communication has occurred between the health care community, the community at large and the Minister of Health and Minister of Healthy Living through the opportunities to write to and appear before the Manitoba Health Appeal Board.
 - Meetings held with consumers/stakeholder groups on request.
2. Patients/families/physicians have the opportunity to make appeals.
 - Patients/families and physicians of Manitoba had the opportunity to request 199 appeals with the Mental Health Review Board.
 - Appeal Panel for Home Care received 68 appeals and provided adjudication in 34 appeals.
 - Manitobans have had the opportunity to make appeals as over 340 appeals were heard by the Manitoba Health Appeal Board.
3. Timely, fair and impartial adjudication of appeals.
 - Timely, fair and impartial adjudication provided for 51 hearings within the 21 day regulation of *The Mental Health Act*, eliminating further appeals to Queen's Bench.

4. Independent decisions rendered and rationale for decisions provided.
 - Independent decision-making in keeping with the principles of fundamental justice and rationale for decisions provided.
5. Uniform application of criteria and policies throughout the province.
 - Uniform application of the law and enhanced communication between the health care community and the community-at-large.

The Protection for Persons in Care Office

The Protection for Persons in Care Office (PPCO) has the delegated authority to receive reports of suspected abuse under *The Protection for Persons in Care Act (The Act)*. *The Act* mandates the reporting of suspected abuse or potential abuse. Abuse is defined as physical, sexual, mental, emotional, and financial mistreatment which is reasonably likely to cause death, or which causes, or is reasonably likely to cause serious physical or psychological harm to a person, or significant loss to a person's property.

The PPCO administers *The Act*, which includes monitoring an abuse report line, investigating allegations of abuse, making referrals to agencies such as professional bodies, and issuing Ministerial Directives regarding improvements and the prevention of abuse in health care facilities. Education and training sessions are also offered, in respect to mechanisms to resolve complaints and concerns, as well as the identification and prevention of abuse. The Provincial Database is used to generate statistical information. More than 57,000 brochures and 200 posters have been provided to facilities, RHAs, other organizations and to citizens.

The Act was put in effect four years ago and this put Manitoba Health on the leading edge in the effort to improve patient safety in the area of abuse. By investigating allegations of abuse, the PPCO provides an invaluable service to the health system by keeping residents and patients in health care facilities safe from abusive situations and providing educational follow up to staff in facilities, patients and residents. The activities of the PPCO serve to enhance accountability in our health system.

The PPCO and *The Act* are currently being reviewed with stakeholders throughout the Province of Manitoba. The review is intended to provide the PPCO with information required to make informed decisions regarding changes to legislation and to the PPCO organizational model.

2(e) Accountability, Expectations and Evaluation

Expenditures by Sub-Appropriation	Actual 2004/05 \$(000's)	FTE	Estimate 2004/05 \$(000's)	Variance Over(Under) \$(000's)	Expl. No.
Salaries and Employee Benefits	1,391.9	22.73	1,253.8	138.1	
Other Expenditures	955.2		990.1	(34.9)	
Total Sub-Appropriation	2,347.1	22.73	2,243.9	103.2	

Manitoba Centre for Health Policy

Provides funding to the Manitoba Centre for Health Policy whose mission is to provide accurate and timely information to health care decision-makers, analysts and providers, so they can offer services which are effective and efficient in maintaining and improving the health of Manitobans.

The objectives were:

- To provide funding for policy evaluation and research initiatives.

The expected and actual results for 2004/05 included:

1. Analysis and assessment of priority health issues in Manitoba.
 - Reports completed were:
 - Patterns of Regional Mental Illness Disorder Diagnoses and Service Use in Manitoba: A Population-Based Study.

- Primary Prevention: An Examination of Data Capabilities in Manitoba.
- High Cost Users of Pharmaceuticals: Who are They?
- Deliverables in Progress:
 - Patient Safety Issues: A Systems-Wide Approach for Manitoba.
 - Sex Differences in Health Status, Health Care Use, Outcomes and Quality of Care: A Population-Based Study for Manitoba's Regional Health Authorities.
 - Profiling the Care Delivered by Primary Care Practices: A Baseline Measure.
 - Defining & Validating Chronic Diseases: An Administrative Data Approach.
 - Using Administrative Data to Develop Indicators of Quality Care in Personal Care Homes.
 - Developing a Needs-Based/Population-Based Funding Methodology for Manitoba's Regional Health Authorities.
 - Assessing Surgical Waiting Times Using Administrative Data and Patient Registries.
 - Analyzing the Urgent Care and Emergency Room (ER) Datasets of Winnipeg.
 - The Costs of Hospital Care: Updating of the Manitoba Management Information System (MIS) Dataset.
 - Development of Composite Measures/Indices of Health and Health System Performance.
 - Dynamic Physician Resource Projection Model.
 - Evaluation of the BabyFirst Program (Healthy Child Manitoba).

2(f) Manitoba Centre for Health Policy

Expenditures by Sub-Appropriation	Actual 2004/05 \$(000's)	Estimate 2004/05 \$(000's)	Variance Over(Under) \$(000's)	Expl. No.
Manitoba Centre for Health Policy	1,850.0	1,850.0	0.0	
Total Sub-Appropriation	1,850.0	1,850.0	0.0	

Health Workforce

Insured Benefits

Insured Benefits administers the Medical Program, Inter-Provincial Reciprocal Agreements, the Hospital Abstract Program, Out-of-Province Benefits, Audit & Investigations, the Third Party Liability Program and the Transportation Subsidy Program.

The objectives were:

- To provide policy direction and leadership to Health Workforce and provide provincial leadership in the development of key strategic policy and program frameworks.
- To administer the Medical Program, Customer Service, Registration, Family Doctor Connection Program, Inter-Provincial Reciprocal Agreements, Hospital Abstract Program, Out-of-Province Benefits and the Transportation Subsidy Program as prescribed by *The Health Services Insurance Act* and the *Canada Health Act* for the benefit of Manitobans.

The expected and actual results for 2004/05 included:

1. Contribute to a sustainable health care system in Manitoba.
2. Customer focused service.
3. Manitobans are informed of and receive benefits to which they are entitled.

Insured Benefits is composed of the following:

Registration and Client Services

Registration and Client Services manages the registration of all individuals in Manitoba who are eligible for health care benefits provided under *The Health Services Insurance Act*. The Client Services section handles client questions related to the registration process and the application requirements for other

health care benefits. The branch works collectively to ensure that residents of Manitoba receive the benefits to which they are entitled. The Family Doctor Connection Program, which connects Manitoba residents with family physicians accepting new patients, continues to be very successful.

The actual results for 2004/05 included:

- Visits to the Client Services counter increased from 114,096 in 2003/04 to 127,018 in 2004/05. Client Services handled 135,078 telephone inquiries.
- Clients with the required documentation were issued registration certificates at the time of application.
- There were 54,752 address changes and 89,623 registration cards issued.
- Customers who mailed in their application for registration waited approximately two weeks before receiving their registration certificate.
- The Registration and Client Services sections issued 14,326 new registration numbers to residents of the province, 16,466 new certificates for 18-year-old individuals receiving their own individual registration numbers, in addition to 30,318 status changes (e.g., newborns, marriages, separations and deaths).
- The Family Doctor Connection Program handled 23,091 inquiries.
- Registration and Client Services achieved a time frame of 10 – 12 minutes for assisting those attending the office in person. Applications received in the mail were processed within a two-week period.
- Most forms required for reporting information to Manitoba Health have been made available on the Manitoba Health web site.

Medical Claims

Medical Claims is responsible for the registration of eligible health care practitioners using the Provider Registry Program; the assessment and processing of medical claims for payment of insured health care services provided by practitioners to Manitoba residents; and the monitoring of billing practices of practitioners, in order to identify and interpret current and emerging trends in the delivery of health care services.

The actual results for 2004/05 included:

- During the year 16,594,847 physician services; 166,701 optometric services; 870,262 chiropractic services and 3,774 oral surgery services were processed.

A reciprocal agreement exists among the provinces and territories to permit physicians to bill the health plan of the province in which services are provided when services are provided to residents of other provinces. Manitoba Health processed 226,318 services for recovery of payments for services provided by Manitoba physicians.

Manitoba Health has worked collaboratively with the Manitoba Medical Association to update the design and content of the Physician's Manual in order to make the document more user-friendly. The changes made to the format of the Manual enabled the conversion to an electronic format that has been available on the Manitoba Health website since April 1, 2004.

Out of Province Claims

Out of Province Claims provides benefits for Manitoba residents who have received insured hospital and medical care outside the Province. In addition to adjudicating claims for residents who have obtained emergency care while travelling, going to school, or temporarily working outside of Manitoba, this branch is also responsible for determining eligibility for benefits for those residents who have been referred for elective care out of the Province.

This branch provides information and assistance to physicians and the public regarding the benefits provided for out-of-province care and the process for obtaining funding for necessary care that is unavailable in Manitoba.

The actual results for 2004/05 included:

- Received 1,344 requests from Manitoba specialists for coverage of services outside Manitoba.

- Travel subsidies totaling approximately \$828,135 were provided to 653 patients for 803 international and domestic trips.
- Communication to physicians and the public regarding the availability of transportation subsidies and the criteria for out-of-province medical referrals were improved by the on-going distribution of information pamphlets.
- Assessed and paid claims for emergency care provided to Manitoba residents while temporarily travelling or residing outside of Canada.
- Manitoba residents incurred 5,685 claims from physicians as well as 2,424 out-patient visits and 2,044 in-patient days for emergency care in hospitals outside of Canada.
- Under the terms of the *Canada Health Act* and the Inter-Provincial Reciprocal Billing Agreements, Manitoba Health made payment to other provinces and territories of \$18.2 million for physicians' fees and \$23.5 million for hospital services on behalf of Manitoba residents who received care elsewhere in Canada.
- Recoveries processed by Manitoba Health as a result of billings to other provinces and territories for care provided to their residents totaled \$10.2 million for physicians fees and \$36.4 million for hospital services.
- Represented Manitoba Health in 17 hearings of the Manitoba Health Appeal Board.

Medical Review Committee

The Medical Review Committee was established under *The Health Services Insurance Act* to review Manitoba physicians' patterns of practice and to function as a formal appeal mechanism for physicians with claims processing disputes. There are seven members: three appointed by Manitoba Health, three appointed by the Manitoba Medical Association and one appointed by the College of Physicians and Surgeons of Manitoba.

During the fiscal year the Committee:

- Held eight meetings.
- Reviewed 357 medical practitioners' patterns of practice which resulted in 27 physicians being requested to identify reasons for variance from their peers.
- Referred concerns regarding five physician's standards of care to The College of Physicians and Surgeons.
- Referred concerns of overpayments of two physicians to Manitoba Health.

Patient Utilization Review Committee

The Patient Utilization Review Committee was established as a standing committee to identify patients who have received services beyond medical necessity and to recommend educational initiatives as appropriate. There are four Committee members: one physician appointed by Manitoba Health, one physician appointed by the Manitoba Medical Association (MMA), one pharmacist appointed by the Manitoba Pharmaceutical Association and one citizen appointed by Manitoba Health and the MMA.

During the fiscal year the Committee:

- Held four meetings.
- Reviewed 100 registrants who received an inordinate number of medical services from general practitioners, and reviewed five referrals from outside agencies. Under this process if the medical need is not warranted, the Committee would recommend that the registrant enter into an Agreement to restrict themselves to one physician and/or one pharmacy for all non-emergent medical services.
- Referred concerns regarding possible over-servicing to the Medical Review Committee.
- Referred questionable dispensing practices to the Manitoba Pharmaceutical Association.
- Referred concerns regarding narcotic prescriptions to The College of Physicians and Surgeons.

Since the Committee was established in 1993, 172 registrants have signed an Agreement with the Department of Health. The number of office visits for the highest user during the Committee's initial review in 1990/91 was 247. The highest user in 2004/05 had utilized 120, a decrease of 51% from the initial review. The statistics over the life of the Committee's work reflect the educational impact that the Committee has had and continues to have on the use of medical services by high user patients. The review process identifies registrants early on where there is potential for abuse. If Agreements are not entered into, there is still a consistent reduction in utilization of services after individuals have been made aware of their patterns of service use.

Medical Assessment

Medical Assessors and practice consultants provide medical expertise to the physician community, senior management and internal committees with regards to insured services, fee negotiations, claims processing, and the management of the insured benefits system. The medical assessors serve as a liaison with other provincial health care plans to determine and monitor inter-provincial trends in health care delivery and provide assistance to staff in assessing complex or unusual claims.

Audit and Investigations

Officers in Audit and Investigations are responsible for ensuring that various programs and agreements within Manitoba Health are maintained by conducting timely and effective audits and investigations designed to detect inappropriate billings, excessive servicing or utilization or other forms of abuse of the Health Care Program. Audit and Investigations derives authority from Sections 75.2 and 128(1) of *The Health Services Insurance Act* and Section 10.1 of the *Prescription Costs Assistance Act*.

Third Party Liability Program

The Third Party Liability Program is responsible for the recovery of insured health costs such as medical and hospital services, prosthetic and orthotic costs, personal care home charges, and out of province and out of country costs incurred on behalf of Manitoba residents as a result of third party liability and negligence. The program operates in accordance with *The Health Services Insurance Act*. The Ministry is also entitled to recover prejudgement interest on its accounts.

Medical Director, Physician Resource Planning

The Medical Director, Physician Resource Planning is responsible for:

- Constructing a physician resource plan for the Province that is proactive and responsive to the changing needs of the various users.
- Developing an accurate intelligence resource concerning physicians that will assist the Ministers, departmental branches, and RHAs, with their physician resource management.
- Developing working linkages primarily concerning physician resource issues, with The College of Physicians and Surgeons of Manitoba, The College of Family Physicians, RHAs, The University of Manitoba, and other Canadian universities and provincial physician resources.

3(a) Insured Benefits

Expenditures by Sub-Appropriation	Actual 2004/05 \$(000's)	FTE	Estimate 2004/05 \$(000's)	Variance Over(Under) \$(000's)	Expl. No.
Salaries and Employee Benefits	5,962.5	127.29	5,389.2	573.3	
Other Expenditures	1,830.3		2,027.2	(196.9)	
Total Sub-Appropriation	7,792.8	127.29	7,416.4	376.4	

Health Labour Relations

The objectives were:

- To represent Manitoba Health in negotiations/arbitration concerning fee-for-service and alternate remuneration for medical and health practitioners.
- To develop appropriate alternate funding arrangements with medical professionals and organizations within the Health Authority structure.
- To administer Fee-for-Service and Alternate Funding agreements.
- To review, assess and advise on collective bargaining issues relating to the nursing, professional/technical and paramedical, maintenance and trades and support sectors.

The expected and actual results for 2004/05 included:

1. Achievement of clearly defined mandates and organizational goals consistent with the RHAs governance model.

- Implemented and administered the comprehensive medical remuneration settlement encompassing both fee-for-service and alternate funding agreements that was negotiated with the Manitoba Medical Association (MMA) on June 23, 2003.
 - Supported the preparation for negotiations of agreements in the nursing, and the professional/technical and paramedical sectors.
 - Supported the arbitrated settlement between the Professional Association of Residents and Interns of Manitoba and the WRHA.
 - Responded to requests from the RHAs, MMA and other professional associations regarding professional remuneration.
 - Began preparations for negotiations and arbitration with respect to a comprehensive medical remuneration settlement encompassing both fee-for-service and alternate funding agreements with the MMA when the current agreement expires.
 - Negotiated a new provincial capitation fee with the Manitoba Society of Pharmacists for pharmacy services to personal care homes.
 - Negotiated the incorporation of new fee-for-service tariffs, as well as amendments to existing fee-for-service tariffs and the rules of application in the Physician's Manual.
 - Reviewed and assessed critical RHA and MMA requests for new or amended alternate funding remuneration arrangements in the context of the pre-existing comprehensive remuneration settlement. Where appropriate, implemented re-allocation of resources to fund alternatives in medical compensation structure.
2. Establishment of an efficient, effective and relevant information network which supports evidence-based decision-making.
- On-going information shared with the Canadian Institute of Health Information (CIHI) in the establishment of a national physician remuneration reporting structure.
 - Provided representation on the expert group on Physician Databases.
 - Shared Manitoba data with CIHI in order to populate physician remuneration databases.
 - Supported the work of the national Cross-Jurisdictional Health Labour Relations Database Committee and provincial efforts to collect information on total compensation and health labour market trends.
 - Participated in four national steering committee meetings.
 - Participated in over 10 meetings for the Collective Agreement Search Engine, Data Elements and Total Compensation, and Cross-Jurisdictional Database Benchmark and Physician Subcommittees.
 - Continued to monitor and evaluate cross-country developments relating to health care remuneration.

3(b) Health Labour Relations

Expenditures by Sub-Appropriation	Actual 2004/05 \$(000's)	FTE	Estimate 2004/05 \$(000's)	Variance Over(Under) \$(000's)	Expl. No.
Salaries and Employee Benefits	779.1	13.00	922.5	(143.4)	1
Other Expenditures	198.8		539.8	(341.0)	2
External Agencies	660.7		718.4	(57.7)	
Total Sub-Appropriation	1,638.6	13.00	2,180.7	(542.1)	

Explanation Number:

1. The under-expenditure is primarily due to vacant positions.
2. The under-expenditure is primarily due to decrease in Professional Services costs.

Workforce Policy and Planning

The objectives were:

- To develop policies and strategies to support the availability of appropriate health care professionals and workers to support the delivery of healthcare in Manitoba.

The expected and actual results for 2004/05 included:

1. Evaluate recruitment/retention strategies for nurses, physicians, and allied health professionals.
 - Annual statistics regarding the supply of nurses is prepared based on the registration data of the three nursing Colleges, and nursing vacancies reported by the RHAs.
 - Led the Department's process to implement nurse practitioners into the Manitoba health care system. The Registered Nurse (Extended Practice) regulation comes into effect on June 15, 2005. The Department is undertaking a number of activities to facilitate implementation of the regulation.
 - Continued to support the implementation of a co-ordinated process to assist RHAs with the logistics of recruiting foreign-trained physicians and avoid duplication of effort.
 - Ten International Medical Graduates (IMGs) started enhanced training, eight successfully completed training and one will be completing training in mid-May. Five IMGs started training in 2005.
 - The Nurses Recruitment and Retention Fund has assisted approximately 822 nurses to relocate to Manitoba and 449 nurses to enroll in refresher programs to re-enter the nursing workforce.
 - To date, funding of more than \$5.8 million has been allocated to continuing education committees in the RHAs to assist nurses in the maintenance and development of new skills.
 - Funding was also provided for specialty programs such as an Adult Emergency course, an Intensive Care Unit course, and a Perioperative program.
 - Manitoba Health is actively involved with the work of the federal Advisory Committee on Health Delivery and Human Resources. The Department has representation on a variety of sub-committees including those related to entry-to-practice credentials and health human resources planning.
2. Accessible training programs for allied health professionals.
 - Manitoba Health provided financial support for cross-training programs leading to X-ray Assistant and Lab Assistant functions. The purposes of the programs are to train medical laboratory technologists to perform basic X-ray functions and to train medical radiologic technologists to perform basic laboratory functions in rural communities. Funding is for three years (2004/05 to 2006/07).
3. Improved retention of rural physicians, nurses and other health care providers.
 - The Office of Rural and Northern Health became fully operational in 2003. The Office is engaged in ongoing activities related to increasing the number of rural and northern applicants to medical school, increasing exposure of medical undergraduates and residents to rural and northern training opportunities, and improving training opportunities for rural physicians.
 - In collaboration with Advanced Education and Training, Red River College and the Central RHA, supported the development of a rural Licensed Practical Nurse to Registered Nurse program to increase nurse training and retention in rural Manitoba.
4. Improved retention of new Manitoba graduates in Manitoba health care settings.
 - The Medical Student/Resident Financial Assistance Program, provided support for students and residents in return for a service commitment to Manitoba. There were 139 grants awarded to students and residents, totaling \$2.5 million.
 - The Nurses Recruitment and Retention Fund (NRRF) introduced a Conditional Grant Program for nursing students in July 2004. Registered Nurse and Registered Psychiatric Nurse graduates, who within six months of initial registration and who are willing to work in a position of 0.6 or higher in rural or northern Manitoba for a minimum of 12 months, will receive a grant in the amount of \$4,000. To date, 64 vacancies have been filled, and the NRRF Conditional Grant Program has assisted in the recruitment of nurses to the rural and northern RHAs, and the retention of Manitoba's nursing graduates.

3(c) Workforce Policy and Planning

Expenditures by Sub-Appropriation	Actual 2004/05 \$(000's)	FTE	Estimate 2004/05 \$(000's)	Variance Over(Under) \$(000's)	Expl. No.
Salaries and Employee Benefits	543.9	8.00	477.0	66.9	
Other Expenditures	48.6		57.6	(9.0)	
Total Sub-Appropriation	592.5	8.00	534.6	57.9	

Regional Programs and Services**Administration****The objectives were:**

- To provide support to the Minister of Health and Minister of Healthy Living, and RHAs by providing leadership and recommendations in the planning, implementation, monitoring and evaluation of health services to the residents of Manitoba.

The expected and actual results for 2004/05 included:

- RHAs are held accountable within the provisions of *The Regional Health Authorities Act*.
- Appropriate allocation of resources to the RHAs and subsequently to their health programs and operations.
 - Continued implementation of the Primary Health Care Transitions Fund (PHCTF). Five foundational and 17 RHA initiated projects were funded by the PHCTF and are in various stages of implementation and completion. These initiatives are improving access, accountability and integration of services through fundamental and sustainable change to the organization, funding and delivery of PHC services. Continued to support the RHAs and monitored the development and implementation of these community initiatives.
- Appropriate utilization of health services provided by the RHAs.
- Flexible response to the changing needs and demands of Manitoba's health services system.
 - Implemented a provincial health sector incident management system to co-ordinate provincial health resources in response to any emergency. In addition, led the development of a national health incident management system to ensure national integration of response efforts.
 - Provided collaborative leadership to the provincial blood system to facilitate effective and efficient utilization management of blood and blood products through a multi faceted strategy involving professionals, patients and the public. Provided policy, program and budget oversight to the planning, management and operation of the Canadian Blood Services and the Canadian Blood Agency. Managed and administered the Manitoba Hepatitis C Financial Assistance Program.
- Timely research and response to public expressions of concern related to service delivery issues.
 - Supported the completion of Comprehensive Community Health Assessment Reports by each RHA and CancerCare Manitoba to give evidence-based planning and service delivery for next five years.
- Timely information is made available to the Minister of Health, internal clients and the RHAs that supports their decision-making.
 - Continued to support the Ministry and Regional Health Authorities in their operations to deliver efficient and effective health services to Manitoba residents. Led the Churchill Health Center Task Force; supported and co-chaired the Alzheimer Strategy Overview Committee; and established a team-based process to enhance inter-department communication and co-ordination relating to complex issues to allow team members to achieve positive outcomes internal to the Department and externally with the RHAs.

4(a) Administration

Expenditures by Sub-Appropriation	Actual 2004/05 \$(000's)	FTE	Estimate 2004/05 \$(000's)	Variance Over(Under) \$(000's)	Expl. No.
Salaries and Employee Benefits	187.9	3.00	196.5	(8.6)	
Other Expenditures	54.6		40.7	13.9	
Total Sub-Appropriation	242.5	3.00	237.2	5.3	

French Language Services

French Language Services ensures that Franco-Manitobans have availability and accessibility to services in French within Manitoba Health and that RHAs have improved capabilities to provide essential health services in francophone-designated areas.

The objectives were:

- To co-ordinate French Language Services at Manitoba Health for internal and external clients.

To meet these objectives, French Language Services performs a number of activities including advice and support in the areas of policy, legislation, data access and analysis, as well as correspondence, issues management and recruitment pertaining to French Language Services that serve the Executive and Manitoba Health. The activities also include coordinating the development and facilitating the process of new activities and plans, processing translation and revision requests for internal and external clients, investigating and resolving complaints, helping maintain the French component of the Manitoba Health web site, and administering and implementing Manitoba Health's French Language Services Plan.

The expected and actual results for 2004/05 included:

1. Timely information provided regarding French Language Services.
 - Continued participation in the Interlake RHA Working Group to help implement certain recommendations of the "Analysis of the Health Services Needs of the Francophone and Métis Population of St. Laurent" commissioned previously.
 - Participated in the successful designation of the Conseil Communauté en Santé as the official voice of Franco-Manitobans in matters of health and social services and was appointed Manitoba Health's representative to this board.
2. Customer satisfaction with French Language Services provided through Manitoba Health.
 - Assisted with the translation, proofing and Internet posting of the following projects: Province-wide Tobacco Ban, Public Health Fact Sheets, Fetal Alcohol Syndrome Information, Healthy Living Website updates, Infohealth Guide updates and Healthy Kids Healthy Futures all-Party Task Force documentation.
 - Assisted with the translation and proofing of Manitoba Health's Annual Report.
3. Available and accessible services in French for Franco-Manitobans.
 - Continued participation in the Centre de Santé Advisory Group to publicize French language services available through Health Links-Info Santé.

4(b) French Language Services

Expenditures by Sub-Appropriation	Actual 2004/05 \$(000's)	FTE	Estimate 2004/05 \$(000's)	Variance Over(Under) \$(000's)	Expl. No.
Salaries and Employee Benefits	54.7	1.00	57.0	(2.3)	
Other Expenditures	6.5		13.9	(7.4)	
Total Sub-Appropriation	61.2	1.00	70.9	(9.7)	

Capital Planning

Capital Planning provides for the planning and management of the construction and capital financing of hospitals, personal care homes and other health facilities.

The objectives were:

- To oversee development and implementation of the provincial health capital program, and advise Government on infrastructure and related policy and program requirements to support population health objectives and ensure the sustainability of health facilities in Manitoba.

The expected and actual results for 2004/05 included:

1. A capital plan that supports the Department's population health objectives.
 - Oversaw infrastructure projects that supported investment in state-of-the-art medical equipment, and the development of new programs as well as improved facilities, and enhanced community-based services.
 - Construction of new primary care facilities.
 - New infrastructure to support provincial programs such as cancer and dialysis treatment.
2. Health capital projects, which are scoped and implemented in accordance with regional need and best practices, appropriate standards (program, design and construction) and negotiated cost limits.
 - Updated and expanded the information requirements for capital projects requests made by RHAs through the Annual Health Planning process to ensure that requests are properly studied and scoped.
 - Integration of universal access guidelines into new construction and major renovation projects wherever practical and according to identified needs.
 - Incorporation of the Power Smart Standard, to the greatest extent possible, for new construction and renovation projects.
3. Transparent and equitable application of policies related to business practices, construction, Department funding and community cost sharing.
 - Signed one Contribution Agreement with Project Sponsors for a capital project requiring a community contribution.
 - Undertook discussions with the Manitoba Association of Architects and the Consulting Engineers of Manitoba on a new agreement improving professional consulting and design services provided to RHAs.
4. Timely and accurate information on the Capital program, forecasting in the areas of infrastructure maintenance requirements, emerging program models and development of appropriate program and policy options.
 - Supported ongoing collaborative planning with RHAs to prioritize current and future maintenance requirements.
 - Commissioned two technical studies to provide assistance in dealing with pressing infrastructure requirements.
5. Health care infrastructure that is sustainable and sufficiently flexible to meet the changing needs of the population, as well as requirements of innovation in service delivery.
 - Collaborated with RHAs to identify new and emerging health care needs requiring new capital infrastructure to deliver services.
 - Continued to deliver a stable and appropriate number of maintenance projects.
 - Developed new space in support of new service delivery models and innovative services such as community Access Centres, community-based clinical diagnostics and community-based surgical capacity.

Capital Projects completed:

During the 2004/05 fiscal year, ten major construction projects were completed at a cost of \$91.8 million including:

Acute Care

- Clinical Services and Building Services redevelopment of the Brandon Regional Health Centre. Project includes 161,386 sq. ft. of new space as well as the renovation of 35,851 sq. ft. of existing space. Project added five new surgical suites and supports a new OR Case Cart, OR records system, a data repository, clinical charting system and patient care management system. Clinical Services redevelopment at the Brandon Regional Health Centre received Power Smart designation from Manitoba Hydro.
- New building constructed at the Brandon General Hospital to house Magnetic Resonance Imaging Equipment (MRI). Project will add 7,556 sq. ft. of new space to support a new MRI. MRI building received Power Smart designation from Manitoba Hydro.
- Consolidation of Pain Clinics at Health Sciences Centre (HSC). The Pain Management program delivered by the WRHA through sites at HSC and St. Boniface General Hospital was consolidated at HSC in order to eliminate duplication and maximize resource utilization. The project redeveloped 5,400 sq. ft. of space at HSC.
- Gimli Community Health Centre. The project involved the demolition of an old structure attached to the Gimli Hospital and the construction of new space as replacement. Emergency, treatment, diagnostics and rehabilitation services space located in the existing hospital were extensively renovated. New construction and renovation provided a total of 51,500 sq. ft. of space supporting 28 modern inpatient beds as well as new emergency and community service space. Gimli Community Health Centre received Power Smart designation from Manitoba Hydro.
- WRHA expansion of Regional Distribution Facility.

Long Term Care

- Addition of two personal care rooms to the Snow Lake Nursing Unit. Project supports two new personal care beds through the addition of 650 sq. ft. of space.

Primary Health Care

- Pan Am Clinic Expansion. The project supports community-based surgical space through a 20,000 sq. ft. expansion of the Pan Am Clinic. The additional space assists the Clinic in meeting current and projected patient volumes as well as enable the Clinic to support more orthopedic surgeons.
- Construction of a 1,600 sq. ft. building adjacent to the St. Jean Baptiste seniors' residence for the purpose of extending primary health care to the Community of Montcalm.
- Renovation and conversion of a vacated personal care home to support community services in Steinbach.
- Wabowden Community Health Centre. New primary health care facility offers 3,834 sq. ft. of space to support the provision of primary health care to residents of Wabowden and the surrounding communities. The new Centre replaces an existing facility, offering all of the services currently provided, as well as several new programs and services. An exam/emergency treatment room with space for a collapsible stretcher, suction, and oxygen enables nurses to provide clinical treatment and stabilization in emergency situations. As well, a bathing room was added to provide assisted bathing for Home Care clients. Wabowden Community Health Centre received Power Smart designation from Manitoba Hydro.

Provincial Programs

- Manitoba Prostate Centre at CancerCare Manitoba. This new function converted 6,800 sq. ft. of shelled space at CancerCare facility. Space includes eight exam rooms and control room as well as space for urodynamics, cysto/brachy therapy, patient counseling, a recovery area and other services such as reception. Prostate Centre met components of the Power Smart program related to lighting technologies.

Capital Projects Initiated:

Construction has continued and seven new projects went into construction during the year at an estimated cost of \$216.2 million. These projects include:

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Acute Care

- **Critical Services Redevelopment at HSC.** Project will add 286,182 sq. ft. of new space, and will support a new Emergency suite, 13 adult suites and 6 children's suites. The project will also house two new CT scanners in the Emergency suite, a new OR Case Cart and a data repository.
- **Construction of the new Swan Valley Health Centre.** The project is a new 81,000 sq. ft. facility housing 52 beds, space for a new dialysis program and an expanded chemotherapy program.
- **WRHA:**
 - **Upgrade of Negative Pressure Isolation/Protection Rooms.** Phase One - 27 rooms will be upgraded at the Health Sciences Centre. These rooms will be distributed across the HSC campus as follows: Six at General Hospital (1-GA Wing, 1-GD Wing and 4-GH Wing), 14 at Children's Hospital, and seven at Women's Hospital. The intent of this project is to provide protection to hospital staff and visitors in the surrounding environment and, to this end, Type A Negative Pressure Isolation rooms will be provided. Type B Isolation rooms provide protection to patients with suppressed immune systems from airborne organisms in the surrounding environment.
 - **Cardiac Services Enhancement Project.** Project provides new space to support consolidation of cardiac programs at St. Boniface General Hospital and HSC. The project creates 40,274 sq. ft. of space, which includes 7,600 sq. ft. of previously shelled space, dedicated to the delivery of cardiac services.
 - **Laundry Operations.** Replacement of time-expired equipment and space.

Provincial Programs

- **Neepawa Health Centre – Chemotherapy Outreach.** Construction of a new 3,648 sq. ft., single-storey building addition to the Neepawa Health Centre to house existing chemotherapy services.

In addition to the major projects completed and initiated, Capital Planning oversaw approximately 143 maintenance, safety and security projects throughout the province with a total expenditure of \$14.4 million. A number of additional maintenance, safety and security projects are currently underway.

4(c) Capital Planning

Expenditures by Sub-Appropriation	Actual 2004/05 \$(000's)	FTE	Estimate 2004/05 \$(000's)	Variance Over(Under) \$(000's)	Expl. No.
Salaries and Employee Benefits	711.9	11.00	735.9	(24.0)	
Other Expenditures	149.6		228.9	(79.3)	1
Total Sub-Appropriation	861.5	11.00	964.8	(103.3)	

Explanation Number:

1. Miscellaneous operating under-expenditures.

Urban Regional Support Northern and Rural Support

The objectives were:

- To provide support to the Ministers of Health and Healthy-Living, and RHAs in the planning and implementation of efficient, effective, evidence-based, holistic health services to improve the health status of Manitobans.

The expected and actual results for 2004/05 included:

1. RHAs are held accountable through the provisions of *The Regional Health Authorities Act*.
 - Participated in the development and monitoring of the Performance Deliverables (Performance Agreements) submitted and signed off between Manitoba Health and the Board Chairs of the RHAs and CancerCare Manitoba.
 - Participated in comprehensive resource reviews of the operations of Interlake and North Eastman RHAs.

2. Manitobans receive appropriate quality care across the continuum.
 - Co-sponsored the 2004 Patient Safety Conference: "Advancing Quality in the Name of Patient Safety" that occurred in October 2004.
 - Ongoing monitoring of Manitoba's personal care homes based on the Personal Care Homes Standards Regulation commenced in October 2004. The Personal Care Homes Standards Regulation and the Personal Care Homes Licensing Regulation both under *The Health Services Insurance Act* came into effect March 1, 2005. Staff of Urban Regional Support Services have taken the lead in monitoring the personal care homes in relation to the standards and work closely with staff from Northern and Rural Regional Support Services and the RHAs.
 - Produced Manitoba Health Advisories related to monitoring of Manitoba's Critical Clinical Occurrences (CCO) and Critical Occurrences (CO). Ongoing monitoring of CCO/COs will reduce the probability of similar events occurring through the review of reported occurrences, by communicating system and/or policy changes required, and by providing annual feedback to appropriate stakeholders.
3. Appropriate allocation to the RHAs.
 - Participated in the review of the RHAs Annual Health Plan to ensure plans focus on initiatives/actions to successfully meet the health needs of the community and include appropriate resource allocations with evidence based justifications.
4. Appropriate utilization of health services provided by the RHAs.
 - Participated in the steering committee to implement projects identified in the Achieving Benchmarks through Collaboration (ABC) Project. The ABC Project was established by the WRHA to implement recommendations from four external reviews undertaken in the WRHA. The goals of the project are to ensure health services in the WRHA facilities are at the Canadian benchmarks; to improve patient outcomes and patient flow across the continuum of care; and to increase productivity.
 - Opened the first Health Access Centre in the WRHA, ACCESS River East, in April 2004. This is a new community health and social service centre providing integrated health and social service delivery, including primary care services. The Access Centre is designed to provide one-stop access to a wide range of co-ordinated health care services through inter-disciplinary team-based care, as well as information to area residents, and is committed to working closely with local organizations to support community activity and development.
 - Produced the annual Provincial Bed Map for reporting and monitoring the current number of provincially funded set-up beds, changes that have occurred in the past year, and comparison to previous years. Developed a new database for recording set-up beds and detailing changes, and updated bed definitions to improve consistency in reporting.
 - Opened the Manitoba Prostate Centre on September 21, 2004. At the Centre, men with prostate cancer will have access to information, education, assistance in making treatment decisions, psychosocial counseling, and be eligible for innovative clinical trials and translational (scientist-physician) research. The Manitoba Prostate Centre will be the foundation for developing outstanding research and care for prostate diseases and prostate cancer in particular with an expected 500 – 1,000 patients being seen at the Centre during its first year of operation.
 - Completed a review of the Palliative Care Drug Access Program to assess access, quality and impact of the program in Manitoba. The Palliative Care Drug Access Program's purpose is to facilitate access to eligible pharmaceuticals on a no cost basis to terminally ill patients in their last six months of life, who wish to remain in the community as an alternative to requiring admission to a health care facility.
 - Submitted recommendations to the Minister of Health based on work completed over the course of 2004/05 by the Churchill Centre Task Force.
 - Participated in the nursing services review of hospitals in Norman and Parkland region.
 - Established and Co-chaired the Alzheimer Strategy Overview Committee in January 2005. This Committee will work collaboratively with stakeholder groups and the RHAs to identify, analyze, and share information on initiatives, identify future partnership opportunities, develop clinical guidelines, and co-ordinate education policies related to the care of persons with Alzheimer and related dementias.

5. Acute care waiting lists meet best practice standards/guidelines.
 - Provided funding to increase the number of cataract surgeries at Pan Am Surgery Centre and in Portage la Prairie.
 - Provided funding for an additional 100 joint replacement surgeries within the Concordia Hospital Arthroplasty Program. This will be the centre of excellence for lower extremity joint replacement surgery.
 - Provided funding for an additional 1,000 joint replacement procedures in Manitoba to be performed over two years at facilities within the WRHA and at Brandon Region Health Centre and Boundary Trails Health Centre. Funding will also be utilized to develop a Prehabilitation Clinic in Winnipeg to determine if patients are medically fit for surgery, to assist patients in life style changes in the areas of nutrition, exercise and pain management in preparation for their new joints, and to provide support, guidance and reassurance to patients prior to their surgery.
 - Expanded Pan Am Clinic to increase capacity in orthopedics, ophthalmology and plastic surgery.
 - Hired an additional Cardiac Surgeon as the Head of the WRHA Cardiovascular Sciences Program. The Cardiac Services Enhancement Project was approved for construction at St. Boniface General Hospital.
 - Expanded pediatric dental surgery services to Beausejour Hospital and Misericordia Health Centre (MHC) was initiated to reduce the waiting times for these surgeries. The Beausejour Hospital allows children to receive their treatment closer to home, provides services in a local facility and cuts down on unnecessary travel time. Approximately 100 procedures per year are anticipated to be performed. On December 1, 2004, Manitoba Health announced funding for an additional 600 pediatric dental surgeries to be performed at MHC.
 - Participated in the Emergency Care Task Force to develop and implement improvements to emergency care in Winnipeg Emergency Departments. The report of the Emergency Care Task Force was released in June 2004 with 46 recommendations to improve services in Winnipeg. These recommendations are currently being implemented.
 - Expanded the WRHA Sleep Disorders program in January 2005 to provide an increase of 68% more sleep studies.
 - Expanded the surgical program at Selkirk hospital for general surgery.
6. Timely provision of information to internal clients and the RHAs to support evidence-based decision-making.
 - Participated in the development of a National Strategy for Health Technology Assessment (HTA).
 - Developed a HTA Coordinating Function to support evidence based decisions through the establishment a CCOHTA funded position in Manitoba to work with RHAs, CancerCare Manitoba and CCOHTA to co-ordinate HTA activity and disseminate HTA information.
 - Opened the Manitoba Breast Cancer Research Centre in October 2004. The new centre will conduct research on the identification of biological markers for the early detection of breast cancer, a recognized strength of the Manitoba Institute of Cell Biology in which the new centre will be housed. This centre is internationally unique, notably because of its supporting platforms – the Functional Genomics Centre, Manitoba Tumor Bank and the Genomic Centre for Cancer Research and Diagnosis.
7. Flexible response to Manitoba's health services system changing needs and demands.
 - Participated on the Implementation Working Group to establish a community based reproductive health centre. This is a collaborative effort with the WRHA and various stakeholders.
 - Opened a new renal health/dialysis unit in Garden Hill serving four remote northern communities. This is the first unit providing hemodialysis that is not situated in a hospital. It is juxtaposed to a Federal nursing station.
 - Established the Northern and Rural Renal Advisory Committee (co-chaired by the Manitoba Renal Program and the RHAs) to facilitate the delivery of dialysis in local centres throughout the province.
 - Expanded the Seven Oaks General Hospital dialysis unit by an additional 20 patients.
 - Expanded Peritoneal Dialysis by ten patients and facilitated a shift from a one-site program (St. Boniface General Hospital) to a multi-site program, beginning with moving some patients/funding to Seven Oaks in February 2005.

- Participated in the promotion of Renal Health through the first annual conference in April 2004 entitled "Filtering through Kidney Disease" and the development of pamphlets for the public and health care professionals.
 - Provided funding to the Eating Disorders Association of Manitoba for the first time, adding to government funding already being provided to four other self-help organizations specific to mental health services.
 - Opened a Sexual Assault Unit at HSC in December 2004 to provide private, expert care for assault victims.
 - Published three editions of the Manitoba Health Spiritual Care Newsletter.
 - Utilized telehealth for clinical pastoral education in several RHAs.
8. Support and communication strategies are in place to assist with government's health response to disasters.
- Participated in the Manitoba Health Disaster Management Program planning, including pre-preparedness in areas such as Pandemic Flu and SARS outbreaks.
9. Timely response to public expressions of concern related to service delivery issues.
- Provided support to the Minister through investigating, reporting and responding to verbal, written, publicized and electronic public and media expressions of concern related to service delivery issues.
 - Established and led Geographic Teams to enhance inter-departmental communication and co-ordination relating to complex issues affecting multiple branches in order to support and inform health organizations regarding concerns related to service delivery issues.

4(d) Urban Regional Support

Expenditures by Sub-Appropriation	Actual 2004/05 \$(000's)	FTE	Estimate 2004/05 \$(000's)	Variance Over(Under) \$(000's)	Expl. No.
Salaries and Employee Benefits	949.9	15.00	912.0	37.9	
Other Expenditures	326.0		402.1	(76.1)	1
External Agencies	223.7		227.3	(3.6)	
Total Sub-Appropriation	1,499.6	15.00	1,541.4	(41.8)	

Explanation Number:

1. Miscellaneous operating under-expenditures.

4(e) Northern and Rural Support

Expenditures by Sub-Appropriation	Actual 2004/05 \$(000's)	FTE	Estimate 2004/05 \$(000's)	Variance Over(Under) \$(000's)	Expl. No.
Salaries and Employee Benefits	694.2	11.00	663.8	30.4	
Other Expenditures	173.3		256.2	(82.9)	1
Total Sub-Appropriation	867.5	11.00	920.0	(52.5)	

Explanation Number:

1. Miscellaneous operating under-expenditures.

Regionalization and Health Planning

The objectives were:

- To provide support to RHAs in the development of their health plans, and facilitate and support their comprehensive and ongoing Community Health Assessment (CHA).

The expected and actual results for 2004/05 included:

1. RHA health planning complies with Manitoba Health requirements.
 - Health Plans for fiscal year 2005/06 were received from the RHAs and CancerCare Manitoba on August 1, 2004 based on Health Plan Guidelines and utilizing evidence from their CHA and other relevant data sources.
2. Supports and communication links are in place to assist RHAs with their health plan submissions and subsequent post submission requirements.
 - Health Plan information was critical in the development of the Department's Estimates documentation.
 - External and internal health plan feedback mechanisms were employed and used as a basis for enhancing the health plan process, tools and database.
 - 12 onsite organization specific orientation sessions were held to assist RHAs and CancerCare Manitoba in learning about the revised Health Plan guidelines and database submission.
 - RHAs and CancerCare Manitoba received feedback letters from Manitoba Health regarding their Health Plan submission.
 - Through communication, consultation and process change, stronger linkages and integration regarding health planning have been developed with portfolios across the Department such as accountability/performance deliverables, capital planning, information and communication technology as well as mental health/addictions.
 - Further evolution regarding the integration of other organizations, such as Diagnostic Services of Manitoba and the Addictions Foundation of Manitoba were included into the Health planning process and requirements.
3. RHA health planning is based on comprehensive CHA findings and evidence-based decision making approach.
 - A fourth educational workshop focusing on report writing was provided and attended by the RHAs and CancerCare Manitoba and their community assessment teams.
 - All RHAs and CancerCare Manitoba submitted their second Comprehensive Community Health Assessment Reports to the Department in the fall of 2004.
 - Through the Department PORTAL project, a process was implemented to compile the CHA report findings into a high level summary.
4. Provincial policy and inter-sectoral initiatives reflect relevant CHA findings, health status issues, and variances in health status from region to region.
 - A process has been established to evaluate the comprehensive CHA process.
 - Poster Presentations at the Canadian Public Health Association Conference in St. John's Nfld. and the Canadian College of Health Services Executives Provincial Health Conference in Winnipeg have been provided to highlight the Manitoba CHA process.
5. Communication and co-ordination system between Manitoba Health and RHAs is in place.
 - Communication between the Department and RHAs and CancerCare Manitoba is ongoing relating to all areas of CHA, Health Planning, and Regionalization.
 - Participated in the delivery of materials with a focus on CHA and health planning for new RHA Board members as organized by RHAs of Manitoba.
 - Co-ordinated responses to Issues of the Day for Regional Affairs.

4(f) Regionalization and Health Planning

Expenditures by Sub-Appropriation	Actual 2004/05 \$(000's)	FTE	Estimate 2004/05 \$(000's)	Variance Over(Under) \$(000's)	Expl. No.
Salaries and Employee Benefits	413.6	6.50	391.5	22.1	
Other Expenditures	50.3		56.9	(6.6)	
Total Sub-Appropriation	463.9	6.50	448.4	15.5	

Disaster Management

The objectives were:

- To ensure the health care system is capable of providing a co-ordinated and effective response to the health needs of Manitobans during a disaster.
- To provide a comprehensive emergency preparedness program.

The expected and actual results for 2004/05 included:

1. Active support to each RHA on the implementation of their disaster management programs.
 - Delivered presentations to RHA senior management and staff on various topics including incident management systems.
 - Conducted provincial exercises to test disaster communication and response systems.
 - Managed the Disaster Management Network.
 - Conducted a survey of hazardous materials response issues in the health sector which will lead to an integrated provincial hazardous materials response strategy.
2. A provincial health sector hazard assessment.
 - Completed and disseminated a provincial health hazard assessment.
3. A fully integrated health incident management system.
 - Developed a provincial health incident management system (IMS) policy and guidelines which will ensure a fully integrated provincial health response to all hazards.
 - Disseminated the policy to RHAs and delivered presentations on IMS implementation.
 - Rewrote Manitoba Health's emergency response plan based on the provincial health incident management system guideline.
 - Provided the lead on the integration of Manitoba's Health IMS with other provinces and territories.
4. Safer communities that suffer fewer deaths, physical injuries, and psycho-social trauma as a result of disasters.

4(g) Disaster Management

Expenditures by Sub-Appropriation	Actual 2004/05 \$(000's)	FTE	Estimate 2004/05 \$(000's)	Variance Over(Under) \$(000's)	Expl. No.
Salaries and Employee Benefits	183.7	2.00	145.3	38.4	1
Other Expenditures	61.2		73.0	(11.8)	
Total Sub-Appropriation	244.9	2.00	218.3	26.6	

Explanation Number:

1. The over-expenditure is primarily due to unachieved staffing vacancy allowances.

Primary Health Care

The objectives were:

- To support the Ministers of Health and Healthy Living and Executive Management in the planning and implementation of Primary Health Care (PHC) organizations to improve the health of Manitobans.
- To provide guidance, direction and support to RHAs, health providers and communities in assessing, planning, implementing, monitoring and evaluating PHC organizations according to the PHC Policy Framework (Manitoba Health 2002).

The expected and actual results for 2004/05 included:

1. Resources to enable the provincial delivery of appropriate, integrated PHC services.
 - Primary Health Care Transition Fund (PHCTF). This fund was established by Health Canada in 2002 to support transitional costs implementing large scale, PHC initiatives. These initiatives are improving access, accountability and integration of services through fundamental and sustainable change to the organization, funding and delivery of PHC services.

- Five foundational and 17 RHA initiated projects were funded by the PHCTF. The PHC staff continues to support the RHAs in the development and implementation of these community initiatives. These initiatives support themes in advancing primary care access (family physicians and advanced practice nursing); community capacity building; RHA organizational strengthening; creating integrated service delivery systems; and capital development of PHC space.
 - Also participated in the following national, multi jurisdictional initiatives:
 - (a) Health Links/Info Santé – Chronic Disease Management Program.
Funding has been received from the Multi Jurisdictional Envelope of the Primary Health Care Transition Fund to develop a Congestive Heart Failure (CHF) Management Program using health lines. This program will leverage existing infrastructure (physical, telephony, technology, clinical and advanced call centre business processes) and a software enhancement to manage urban and rural CHF patients. This one-year project will include an extensive evaluation to determine its impact on the use of health services.
 - (b) The Western Health information Collaborative – Chronic Disease Management Infostructure Initiative.
The purpose of this project is to develop an innovative and sustainable chronic disease management infostructure and to implement this into new or existing chronic disease management applications in the four western Canadian provinces.
 - (c) Aboriginal Midwifery Education Program:
This program, to be delivered through the University College of the North, will provide educational opportunities in midwifery for aboriginal people.
PHC is partnering with the Department of Advanced Education & Training to develop this education program supported by funding from the Aboriginal Envelope of the PHCTF.
 - (d) Northern and Aboriginal Population Health and Wellness Institute (NAPHWI) Multi-Jurisdictional Governance Initiative.
NAPHWI is a newly formed multi-sectoral incorporated non profit organization whose vision is to improve health and wellness for individuals, families, and communities in the north according to principles of primary health care and best practices in Traditional and Western medicine.
Under the Aboriginal Envelope of the PHCTF, NAPHWI has been successful in securing funds to implement an initiative on multi-jurisdictional governance. The initiative is a community driven project to address specific health issues where multi-jurisdictional issues impact upon the delivery of the primary health care. Northern aboriginal communities have responded by identifying to NAPHWI three health issues of importance to northern communities. They include the integration of Traditional Medicine in primary health care, mental health and chronic disease management focusing on diabetes. PHC staff participates on the NAPHWI Board.
2. Appropriate allocation of PHC resources to and by the RHAs.
- Winnipeg Integrated Services (Access model).
Access to health and social services is an utmost priority for both PHC and the WRHA. PHC is working with the WRHA in the development of local community "access models" for the 12 Winnipeg communities. PHC participates on the steering committee of the Winnipeg Service Integration initiative and the communities' access model-planning committees. The first centre, Access River East, opened in early 2004 at 975 Henderson Highway, and construction on Access Transcona is scheduled to start in 2005. Access Inkster is in the preliminary planning stages.
3. PHC organizations are developed and deliver services in accordance with the principles of PHC.
4. Timely primary health care information is available to internal clients, including the RHAs, and external stakeholders that supports decision-making.
- Information Technology - this Provincial Initiative will link activity, services and supporting information for providers within a community PHC site, and where possible, further link service providers who are external to the primary site. This model is being developed in the River East Access Centre, and the North Eastman Health Authority.

5. Midwifery services are delivered in Manitoba in accordance with the provincial standard.
 - Standards for the provision of midwifery care in Manitoba were implemented in January 2003 in order to continue the development of the program. The RHAs are continuing to work to increase the number of women receiving primary care from a midwife and fully integrate midwifery and regional Primary Health Care to ensure women from priority populations receive midwifery care. Evaluation of the implementation and progress of the Manitoba Midwifery program over its first five years is important in considering future development of the program. Final approval of the evaluation framework and the evaluation itself are scheduled for 2005/06.
6. Improved access to PHC for Manitobans.
7. Improved quality of PHC for Manitobans.
 - An evaluation consultant has been seconded to PHC from within Manitoba Health to lead the development of evaluation frameworks for the PHCTF RHA initiated projects as well as the provincial initiatives. PHC has partnered with the Interlake RHA in the development of a research paper on the integration of nurse practitioners within the region. Evaluation of the PHC initiatives will inform the advancement of PHC throughout the province.

4(h) Primary Health Care

Expenditures by Sub-Appropriation	Actual 2004/05 \$(000's)	FTE	Estimate 2004/05 \$(000's)	Variance Over(Under) \$(000's)	Expl. No.
Salaries and Employee Benefits	279.2	4.00	248.9	30.3	
Other Expenditures	58.0		68.9	(10.9)	
Total Sub-Appropriation	337.2	4.00	317.8	19.4	

Emergency Health and Ambulance Services

Emergency Health and Ambulance Services provides provincial leadership and surveillance of the air and land ambulance transport system.

The objectives were:

- To facilitate the development of regional emergency medical services that are delivered by RHAs.
- To be responsible for carrying out activities related to the regulation of all aspects of health transport in Manitoba.
- To co-ordinate the operation of the Lifeflight Air Ambulance Program.

The expected and actual results for 2004/05 included:

1. Develop, distribute and monitor the implementation of current, medically accountable practice guidelines and standards for pre-hospital patient care provided by Manitoba's Emergency Medical Response System.
 - An annual review of the Emergency Treatment Guidelines was conducted and there were no revisions.
 - There were revisions to six Emergency Treatment Protocols and the addition of one new protocol.
2. Evaluate new practitioners, and continuing evaluation of existing EMS practitioners, to ensure minimum patient care standards are met as required under *The Ambulance Services Act* and Regulation.
 - A total of 304 individuals were licenced this past year. There were 75 individuals at the Basic First Aid level, 109 individuals at the Emergency Medical Responder level, 110 at the Emergency Medical Technician (Basic) level, and 89 advanced EMS personnel.
 - There are 283 licenced EMS personnel who are maintaining their licence through the Alternate Route program.
 - There were 1,570 licenced EMS personnel in Manitoba on December 31, 2004.

3. Safe transportation of acutely ill patients by the Lifelight Air Ambulance Program.
 - Lifelight transports seriously ill or injured Manitoba residents who reside outside of an 80 mile radius of Winnipeg and have access to an airport accessible to the Lifelight jet. In 2004, Lifelight provided safe transport for 487 seriously ill or injured patients from rural and northern facilities to tertiary centres primarily in Winnipeg.
 - Lifelight also arranges for the air transportation of pre-approved Manitoba residents to facilities out-of-province when the required care is unavailable in Manitoba. In 2004, Lifelight arranged for the transport of 131 Manitoba residents who required medical care not available in Manitoba.
4. Ongoing evaluation of licenced EMS services including vehicles, equipment, and processes used in the delivery of EMS to ensure patient safety as required under the Act and Regulation.
 - There are 33 licenced land ambulance providers. There are 94 individual ambulance stations operating 164 ambulance vehicles.
 - There are five licenced air ambulance providers.

4(i) Emergency Health and Ambulance Services

Expenditures by Sub-Appropriation	Actual 2004/05 \$(000's)	FTE	Estimate 2004/05 \$(000's)	Variance Over(Under) \$(000's)	Expl. No.
Salaries and Employee Benefits	946.1	13.50	918.4	27.7	
Other Expenditures	4,703.3		3,717.0	986.3	1
External Agencies	10.6		22.5	(11.9)	2
Total Sub-Appropriation	5,660.0	13.50	4,657.9	1,002.1	

Explanation Number:

1. Over-expenditure due to rate increase of Lifelights.
2. Under-expenditure due to delay of payment.

Provincial Health Programs

Administration

In June 2004 Manitoba Health was realigned and the Provincial Health Programs became Healthy Living and Health Programs, which was assigned the lead role on all of the healthy living initiatives within Manitoba Health. Child Health and Mental Health were realigned from Policy and Planning to Provincial Health Programs. Mental Health was renamed Mental Health and Addictions Policy, Programs and Agency Relations and responsibility for addictions and agency relations was added to its mandate. A new Branch named Healthy Populations was created from Child Health.

The objectives were:

- To promote and support the Healthy Living agenda.
- To provide leadership and direction to the department's programs/services that provide direct service to Manitobans.
- To provide information, advice and recommendations that support effective planning, policy formulation and decision-making for the department and for the health care system.

The expected and actual results for 2004/05 included:

1. Reduced illness and untimely death associated with both natural and environmental hazards.
2. Manitobans have improved health and decreased preventable diseases and injuries.
 - Provincial Health Programs worked on issues such as West Nile Virus, SARS; pandemic flu; environmental tobacco smoke; water quality issues; Internet pharmacy; and Aboriginal issues such as personal care homes on-reserve, mould issues, Island Lake Renal Health Centre, and operation of the northern nursing stations.

3. Efficient, effective, and appropriate delivery of core health services directly delivered by the Department.
4. Allocation of resources consistent with established provincial and regional priorities.
5. Systems are in place to ensure program, service and fiscal accountability.
6. Supported the All Party Task Force: Healthy Kids Healthy Futures.
7. Worked to define the Healthy Living portfolio and plan for future development.

5(a) Administration

Expenditures by Sub-Appropriation	Actual 2004/05 \$(000's)	FTE	Estimate 2004/05 \$(000's)	Variance Over(Under) \$(000's)	Expl. No.
Salaries and Employee Benefits	709.1	11.46	741.8	(32.7)	
Other Expenditures	403.4		313.6	89.8	1
External Agencies	4,933.6		5,185.5	(251.9)	
Total Sub-Appropriation	6,046.1	11.46	6,240.9	(194.8)	

Explanation Number:

1. Miscellaneous operating over-expenditures.

Provincial Drug Programs

Provincial Drug Programs is responsible for the administration of four distinct and separate drug benefit programs for Manitobans: Manitoba Pharmacare, Employment and Income Assistance participants, residents of personal care homes, and the Palliative Care Drug Access Program (PCDAP). It also administers a program that provides funding assistance for devices to help Manitobans with physical disabilities. Provincial Drug Programs does not include drug expenditures for hospital in-patients.

Provincial Drug Programs includes the following:

Ancillary Programs

Under Ancillary Programs, Manitoba Health provides financial assistance to individuals requiring prosthetic and orthotic devices, post-mastectomy breast prostheses or surgical brassieres, hearing aids and orthopaedic shoes for children under 18, telecommunication devices for the profoundly deaf or speech impaired, eyeglasses for those 65 years of age and older, artificial eyes, and contact lenses for infants with congenital eye defects.

Palliative Care Drug Access Program

The PCDAP is designed for people at the end stages of a terminal illness, when the focus of care is on comfort. The PCDAP provides deductible-free coverage through Manitoba Health. By covering the cost of eligible drugs for use in the home, a major financial burden is removed for the patient and their family. Coverage continues as long as it is required by the patient.

The objectives were:

- To administer drug programs that provide access to Insured Benefits as prescribed by *The Health Services Insurance Act*, *The Prescription Drugs Cost Assistance Act*, and *The Pharmaceutical Act* for the benefit of Manitobans.
- To provide funding assistance to persons of all ages who have physical disabilities and require devices in order to improve their ability to function, as prescribed under *The Health Services Insurance Act*.

The expected and actual results for 2004/05 included:

1. Consistent customer focused service is provided.
2. Manitobans are fully aware of, and receive benefits to which they are entitled.
 - In addition to information made available on-line and through print publications, members of the public and health care professionals are able to receive direct assistance with their questions about drug benefits and eligibility by telephoning the Provincial Drug Programs.
 - Manitobans were advised of benefit changes through direct mailings.
3. Continuous evaluation of work processes to improve effectiveness and efficiency of the program.
 - Updates to the Manitoba Formulary are made available by bulletin and on the Manitoba Health web site. Providing the Bulletin electronically improves accessibility to the updates for both health care professionals and beneficiaries.
4. Proactive opportunity assessment and timely risk resolution.
5. A streamlined drug review process, to reduce costs and/or provide timely access to new medications.
 - The Manitoba Drug Benefits Formulary and the Interchangeability Formulary consist of over 5,000 drugs that are listed as benefits under the Provincial Drug Programs. The Manitoba Drug Standards and Therapeutics Committee (MDSTC) makes recommendations to the Minister of Health on drug benefits. The MDSTC bases its recommendations on a review of the drug submissions made by manufacturers as well as all relevant available evidence-based scientific information. The MDSTC is independent of government, and is comprised of physicians and pharmacists recommended by the College of Physicians and Surgeons, the Manitoba Pharmaceutical Association, the Manitoba Medical Association, and the University of Manitoba.
 - With the assistance of the MDSTC, 288 new drugs were added to the Pharmacare benefit list.
 - Manitoba was a participant in the establishment of the Common Drug Review Secretariat and the Canadian Expert Drug Advisory Committee (CEDAC) which began receiving submissions from pharmaceutical manufacturers in September 2003. The CEDAC provides common drug listing recommendations to participating jurisdictions. The first CEDAC formulary listing recommendations were released May 27, 2004. Provincial Drug Programs uses the recommendations in making benefit-listing recommendations to the Minister of Health. The objectives of the review are to provide a consistent and rigorous approach to drug reviews and an evidence-based listing recommendation; reduce the duplication of effort by the participating drug plans; and provide participating drug plans equal access to the same high level of evidence and expert advice.
6. Provide D.P.I.N. support for community pharmacies that submit drug claims.
7. Adjudicate drug claims submitted by community pharmacies.
8. Process Exception Drug Status claims for benefit coverage.
9. Add new drugs to the *Prescription Drug Costs Assistance Act*.
10. Provide benefits for claims under the ancillary and PCDAP programs.
 - Manitoba Health adjudicated approximately 49,000 Ancillary Programs' claims for approximately 50,107 devices. Program expenditures were \$8.0 million.
 - There were 1,283 patients enrolled in the Palliative Care Drug Access Program.

5(b) Provincial Drug Programs

Expenditures by Sub-Appropriation	Actual 2004/05 \$(000's)	FTE	Estimate 2004/05 \$(000's)	Variance Over(Under) \$(000's)	Expl. No.
Salaries and Employee Benefits	1,840.1	40.00	1,987.3	(147.2)	
Other Expenditures	600.8		653.4	(52.6)	
Total Sub-Appropriation	2,440.9	40.00	2,640.7	(199.8)	

Chief Provincial Psychiatrist

The Office of the Chief Provincial Psychiatrist is responsible for carrying out required legislated and non-legislated functions in order to protect and promote the improved mental health status of Manitobans.

The objectives were:

- To carry out required legislated and non-legislated functions by administering *The Mental Health Act* and the Orders of Committeeship Program, providing professional consultation to the health care system, and promoting the recruitment and retention of psychiatrists in order to protect and promote the improved mental health status of Manitobans.

The expected and actual results for 2004/05 included:

1. Proper and consistent interpretation and application of *The Mental Health Act* and preservation of patients' rights under *The Mental Health Act*.
 - *The Mental Health Act* and Regulations continued to be applied effectively.
 - Responded to numerous inquiries regarding interpretation and practical application of *The Mental Health Act*.
 - Consulted with the Legislative Unit, Manitoba Health, and Civil Legal Services, Manitoba Justice, to assist in the proper interpretation and application of *The Mental Health Act* and Regulations.
 - Offered and provided educational sessions for psychiatric facilities, professionals, consumers, families and appropriate agencies regarding *The Mental Health Act*.
 - The requirement of *The Mental Health Act* to provide a notice of intent to issue an Order of Committeeship and the right of the person and the person's proxy and nearest relative to submit written objections continued to be well-received.
2. Issuance of new Orders of Committeeship and Authorizations of Transfer, and cancellation of previous Orders of Committeeship, according to the provisions of *The Mental Health Act*.
 - Processed 368 Certificates of Incapacity applying for Orders of Committeeship and issued 345 new Orders of Committeeship appointing The Public Trustee of Manitoba as committee of the person's property and personal care.
 - Cancelled 25 previous Orders of Committeeship.
 - Issued 48 Authorizations of Transfer approving the transfer of patients between psychiatric facilities within and into and out of Manitoba.
 - Maintained required working liaison with the Office of The Public Trustee of Manitoba in order to facilitate proper administration of the Orders of Committeeship Program.
3. Enhanced recruitment and retention of psychiatrists for under-served areas of Manitoba.
 - Three University of Manitoba Residents in the Specialty of Psychiatry successfully completed their Periods of Enrollment in the Career Program in Psychiatry, with Return of Service commitments in rural Manitoba, in Aboriginal Mental Health and in Psychogeriatric Psychiatry.
 - Net recruitment was one psychiatrist to Eden Mental Health Centre in rural Manitoba and two psychiatrists to areas of need in Aboriginal Mental Health and Psychogeriatric Psychiatry in Winnipeg, both providing additional itinerant rural psychiatric services.
 - Provided consultation and advice to several agencies regarding the recruitment and retention of psychiatrists in Manitoba.
4. Consultative liaison with RHAs.
 - Maintained relevant linkages and appropriate consultation with the RHAs regarding various aspects of the mental health system.
 - Provided professional consultation, liaison and advice regarding mental health practice, programming and policy and the legal and statutory implications of *The Mental Health Act* to clients, stakeholders and various sectors of the health system.
5. Orders of Committeeship Program and the regulated Forms under *The Mental Health Act* are tracked.
 - Continued data entry for the new computer databases for *The Mental Health Act* and the Orders of Committeeship Program.

- Computer databases are targeted to be operational for data analysis within the next fiscal year.

5(c) Chief Provincial Psychiatrist

Expenditures by Sub-Appropriation	Actual 2004/05 \$(000's)	FTE	Estimate 2004/05 \$(000's)	Variance Over(Under) \$(000's)	Expl. No.
Salaries and Employee Benefits	274.1	2.40	252.5	21.6	
Other Expenditures	51.0		62.2	(11.2)	1
Total Sub-Appropriation	325.1	2.40	314.7	10.4	

Explanation Number:

1. Miscellaneous operating under-expenditures.

Aboriginal Health

Aboriginal Health is Manitoba's key resource on Aboriginal health issues with respect to the development of policy, programs, initiatives and services for the Aboriginal community. Aboriginal Health recognizes and promotes the cultural diversity among the First Nation, Métis and Inuit populations in Manitoba, and works in collaboration with staff within Manitoba Health, other provincial jurisdictions, Aboriginal political territorial organizations, and the Federal government to meet that mandate.

The objectives were:

- To develop, implement, monitor and evaluate strategic health initiatives and programs to improve health outcomes for Aboriginal people.

The expected and actual results for 2004/05 included:

1. Culturally relevant provincial programs, policies and strategies based on "best practices", standards and research.
 - Led the initial implementation of "As Long As The Waters Flow: An Aboriginal Strategy on HIV/AIDS" in Manitoba.
 - Provided information to RHAs on First Nation and Métis populations and protocols for use in planning of service delivery and program development.
 - Provided information to the First Nation Personal Care Home Networking Group for use in the establishment of a First Nation Licensing mechanism and determined eligibility for provincial licensing.
 - Participated in various working groups that impact on the health of Aboriginal people on and off-reserve.
 - Reviewed various policies, standards and guidelines impacting on Aboriginal health ensuring they are culturally relevant.
 - Provided information to various branches within Manitoba Health regarding Aboriginal culture, beliefs and practices. (Ex: brown bag lunch presentations on Aboriginal health from a historical perspective).
2. Improved accountability between Manitoba Health and RHAs respecting the health of Aboriginal people in respective regions.
 - Reviewed and provided feedback to the RHAs related to the Performance Agreements-Aboriginal Health Deliverable.
3. Improved working relationships and collaboration among Manitoba Health, the federal government, Aboriginal groups, provinces/territories and other stakeholders.
 - Facilitated forums and meetings between First Nations, Métis and RHAs to explore ways, initiatives that will improve the health and well-being of Aboriginal people in Manitoba.
4. Increased linkage between the RHAs and Aboriginal Groups within their geographic area.
 - Provided feedback and information during the community health planning process.

- Reviewed health plans from the RHAs to ensure programs and services are culturally appropriate.
 - Participated and contributed in discussions involving research conducted in the Aboriginal population.
5. Minimized federal off-loading activities.
- Participated and facilitated discussion with internal and external working groups to ensure federal involvement and co-ordination of health services/programs occur for the Aboriginal population.
6. Enhanced relationships with Aboriginal communities, leadership, sub-groups, and organizations.
- Provided relevant health and health related information to other branches within Manitoba Health and the RHAs regarding First Nation, Non-status, Métis and Inuit populations and pertinent events that will inform program and policy development.
 - Participated in various internal and external working groups that impact on Aboriginal health issues.
 - Engaged with internal and external stakeholders on health and health related issues to ensure the determinants of health are addressed.
7. Improved support of First Nation/Métis self-government activities and initiatives within provincial mandates and priorities.

5(d) Aboriginal health

Expenditures by Sub-Appropriation	Actual 2004/05 \$(000's)	FTE	Estimate 2004/05 \$(000's)	Variance Over(Under) \$(000's)	Expl. No.
Salaries and Employee Benefits	519.0	6.37	443.8	75.2	1
Other Expenditures	202.6		181.4	21.2	
Total Sub-Appropriation	721.6	6.37	625.2	96.4	

Explanation Number:

1. The over-expenditure is primarily due to unachieved staffing vacancies allowances.

Public Health

Public Health's overall goal is to provide a co-ordinated and integrated public health leadership and service capacity for key public health programs. These programs provide a focus for major areas of health promotion, and specifically for the prevention and control of diseases that affect populations. Public Health's efforts are also aimed to assist Government, the community, and health and public health practitioners, in the planning and response to public health issues.

Public Health is comprised of:

**Public Health and Epidemiology
Cadham Provincial Laboratory Services**

Public Health and Epidemiology

The objectives were:

- To prevent and control disease and promote the health of Manitobans.
- To detect, assess, and address important and emerging public health issues.
- To provide expertise and technical support, standards, policy and program development, evaluation and monitoring to clients and stakeholders to reduce the rate of preventable diseases.
- To provide a scientific basis for the prevention and control of disease, and the promotion of the health of Manitobans, through the application of epidemiologic research, methods and information.

- To identify, monitor, reduce and prevent the impact of environmental health threats of food, water, soil and air to Manitobans.

The expected and actual results for 2004/05 included:

1. Improved surveillance and analysis of public health threats.
 - Regular reports posted to the Communicable Disease Control (CDC) branch website, such as the weekly influenza surveillance data, monthly communicable disease surveillance data, annual HIV/AIDS statistical update.
 - Regular and routine reporting to the Public Health Agency of Canada.
 - Regular reporting to the RHAs with regard to the Immunization and STI Performance Deliverables.
 - The release in March 2005 of a first-ever epidemiologic and program report on the *Descriptive Epidemiology of Sexually Transmitted Infections and Blood-borne Pathogens in Manitoba: 2002/03*.
 - The release in April 2004 of the *Results from Phase II of the Enhanced Surveillance of Sexually Transmitted Diseases among Winnipeg Street-Involved Youth Study*.
 - Outbreak surveillance and epidemiological expertise were provided in relation to the following:
 - Winnipeg Syphilis outbreak remains ongoing.
 - Norovirus outbreaks in community settings and health care facilities.
 - West Nile Virus human surveillance.
 - Hepatitis C outbreak in rural Manitoba.
 - Multiple influenza personal care home outbreaks.
 - Renewal of the surveillance agreement for a STDs/HIV Field Surveillance Officer with Health Canada and Manitoba Health.
 - Produced new surveillance and epidemiological information for inclusion in the *Aboriginal Strategy on HIV/AIDS*. The *Aboriginal Strategy on HIV/AIDS: A Component of Manitoba's Provincial AIDS Strategy* was released in December 2004.
 - Enhanced quality assurance processes that support and assure the integrity of the provincial surveillance data information.
2. Accurate health information to support policy, programs and activities.
3. Effective and efficient public health programs and practices in Manitoba.
 - Continued the process of developing, implementing, monitoring and evaluating a province-wide Regional Diabetes Program, in partnership with the RHAs and other stakeholders. The Regional Diabetes Program is an enhancement of the community-based Diabetes Education Resource Program and will integrate education into the continuum of diabetes prevention, care, research and support. This initiative is being developed as a public health response to 29 of the 53 recommendations in *Diabetes: A Manitoba Strategy*.
 - Enhancements to the Manitoba Immunization Monitoring System regarding more complete data capture, improved data quality and feedback to stakeholders in the form of various reporting methods.
4. Optimal co-ordination of inter-jurisdictional public health issues, policies and outbreak response.
 - Participated in research initiatives with other organizations, provinces and the Federal government to enhance leading-edge knowledge development related to the prevention, education, control and management of a range of communicable diseases including Sexually Transmitted Infections (STIs), HIV/AIDS, tuberculosis, syphilis, meningococcal diseases, rabies and others.
5. Productive collaborations created between Manitoba Health, other Government Departments, the University of Manitoba, Regional Health Authorities, and other organizations, for effective teaching, training and research.
 - Provided financial sponsorship and in-kind support to the Canadian Diabetes Association (Manitoba/Nunavut region) for an Aboriginal Program Coordinator position, Camp Briardale and development of *In The Know* (a communication tool for health professionals/providers in Manitoba).

- Participated in diabetes and population health undergraduate and postgraduate medical education for Community and Family Medicine, University of Manitoba.
 - Continued work on the multi-level diabetes education program framework through consultation with colleges and universities regarding implementation within the education system and development of learning outcomes for basic and intermediate levels.
 - Consulted with the Physical Activity Coalition of Manitoba, which includes representatives from community organizations, government, educational institutions, professional associations and the private sector. Its mission is to work together to promote physical activity and educate Manitobans on how to become more active.
6. Application of public health research related to public health threats, action-oriented public health research (health indicators and determinants, etiologic, prevention and outcomes research).
- Participated in the National Diabetes Surveillance System, through a partnership initiative with Health Canada, to provide aggregate provincial data for the purposes of national diabetes data analysis and surveillance.
 - Participated in assessment, planning and implementation of an innovative and sustainable Chronic Disease Management Infrastructure through the Western Health Information Collaborative.
7. Decreased incidence of communicable and chronic diseases, food borne illnesses, tobacco consumption, and dental/oral diseases.

Communicable Diseases:

- Numerous initiatives were undertaken, in the roll-out of the Provincial STD Strategy, including:
 - In co-operation with the Aboriginal branch, the Aboriginal AIDS Strategy was released in December 2004.
 - In co-operation with the community, a harm reduction discussion paper was produced and a provincial meeting convened to begin formulating a harm reduction action plan.
 - Manitoba Health continues to support the STI Coordinator position for Burntwood RHA.
 - Manitoba Health is partnering with First Nations and Inuit Health branch on the decentralization of STD contact tracing for the management of STDs in the north.
 - In partnership with Sexually Education Resource Centre (Brandon), Manitoba Health has partnered on the development of a healthy living youth-focused resource.
 - The *Aboriginal Strategy on HIV/AIDS: A Component of Manitoba's Provincial AIDS Strategy* was released in December 2004.
 - Manitoba Health supported the Nor-Man AIDS Working Group. This funding supported the Play it Safer Conference in September 2003, community initiatives that support the HIV and STD Strategy and prevention and educational initiatives throughout 2004.
 - Manitoba Health provided co-ordination and support, with Manitoba Justice, for the Partners in Caring conference in the fall of 2004. This includes in-kind expertise in the form of presentations by Manitoba Health staff.
 - Cadham Provincial Laboratory continues to make urine testing for chlamydia and gonorrhea accessible to practitioners around the province. Efforts are underway to expand capacity to do more of this testing.
 - Manitoba Health is currently working with the RHAs and community stakeholders to expand HIV testing options to include nominal and anonymous testing.
 - Manitoba Health has negotiated performance deliverables with each RHA around STD/HIV control within their regions.
- Manitoba Health continues to partner with the Sanatorium Board of Manitoba, First Nations and Inuit Health branch and the University of Manitoba, Department of Medicine, in the review of the Provincial Tuberculosis Control Program.
- Provided leadership and co-ordination for Manitoba Health in annual influenza and pandemic influenza planning and co-ordination and communication. Managed vaccine shortages and significant demand issues in relation to the influenza program.
- Provided leadership and co-ordination in the expansion of four routine childhood immunization programs (conjugated pneumococcal and meningococcal vaccines, varicella vaccine and infant

influenza vaccine) throughout the province, including the development and communication of revised policies.

- Leadership and partnership in research activities in a variety of areas including Hepatitis A, HIV, STI, Hepatitis C, invasive pneumococcal disease and rabies.
- Teaching and student (medical, nursing) supervision of Communicable Disease Control and infectious diseases.
- Improved communication about emerging health issues to the public, through use of Health Links, enhanced Rapid Mass Communications methodologies, and user-friendly enhancements to the CDC branch website for vaccine programs, non-vaccine preventable disease programs, STI/BBP and other emerging issues (influenza).

Environmental Health threats:

- Participated in the new Federal/Provincial/Territorial Committee on Health and Environment, (CHE). The CHE is a liaison committee of the Federal/Provincial/Territorial Advisory Committee on Population Health and Health Security and may be unique as it reports jointly to the Canadian Council of Ministers of the Environment's Environmental Planning and Protection Committee. The active CHE Subcommittees or Task Groups are:
 - Drinking Water Guidelines
 - Air Quality (ambient and indoor)
 - Children's Environment Health
 - Recreational Water (beach water standards)
 - Environment Health Risk Management
 - Surveillance
 - Water Re-use (flushing toilets initially)
- The work with Manitoba Agriculture and Conservation on the Agricultural Guidelines is now completed. Fourteen "Living with Livestock" Fact Sheets were produced that help address some of the public concerns with livestock production. These fact sheets are on the Manitoba Agriculture and Food and Rural Initiatives (MAFRI) web site.
- Avian influenza is a continuing concern and is being actively co-ordinated between Health and Agriculture on a provincial, national and international basis.
- Contributed to *The Drinking Water Safety Act* Regulations and a re-draft of the Swimming Pool Regulation.
- Collaborated with Manitoba Water Stewardship and provided health advice in the development of *The Water Protection Act* as well as a review of surface water monitoring guidelines including beach monitoring and beach warning signs in co-operation with Health Links as the information point.
- Continuing collaboration with MAFRI to provide health advice for the new regulations being written to control intensive livestock operations with particular emphasis on manure management.
- Provided advice with respect to the use and human health risk of pesticides with particular emphasis on cosmetic lawn applications.
- Monitored, in co-operation with Manitoba Conservation, the air quality in Flin Flon with particular emphasis on particulate matter, sulphur dioxide and arsenic. There is continuing Health Canada interest in the emissions of base-metal smelters and the possible health effects on the surrounding population.
- Co-operated with Health Capital Planning branch to initiate a sweeping review of Manitoba health care facilities biomedical waste handling policies and procedures.
- Participated on the technical advisory board for the floodway expansion project.
- A year-long study of the air quality in the Transcona area is nearing completion. This study was initiated in response to area residents concerns about the numerous industrial activities in an area mixed with residential homes.

Food Protection:

- There were 52 food recalls and 17 allergy alerts which were sent out to public health officials across the province. These recalls and alerts affected food products that were sold or distributed in Manitoba.

- Approximately 399 food handlers were certified outside the City of Winnipeg in partnership with Public Health Inspectors and community college partners.
- Provincial slaughterhouses increased production of beef slaughter from approximately 19,000 cattle in 2003/04 to 26,300 in 2004/05. Increased production is the result of the closed US border to Canadian beef due to BSE.
- Manitoba participated in the development of a national harmonized food inspection system.
- Manitoba Health is participating on a federal/provincial committee examining the use of water in the food processing industry.

Dental/oral diseases:

- One new community water fluoridation systems was installed and became operational. The Community Water Fluoridation Program is funded by Manitoba Health and facilitated by department staff. Eighty-nine communities were fluoridating their water systems representing approximately 95% of the population on a public water supply system. Community water fluoridation has proven to reduce dental decay by up to 60% for some age groups and is recognized as the most effective mechanism to deliver the fluoride ion. The program is community based and operated with Manitoba Health providing ongoing surveillance, monitoring and support.
 - Four community based pilot oral health promotion programs were advanced clearly establishing the capacity of the communities to operationalize their own programs. Evaluatory mechanisms were designed and will be moved forward upon receipt of funding. New resources were developed and trialed in the four communities. This project is an extension of the Happy Child Healthy Smile project and is supported by multiple partners both within and outside of government.
 - Manitoba Health partnered with the Faculty of Dentistry, the Manitoba Dental Association and others to establish recommendations to improve access to dental care for all Manitobans. These recommendations are under consideration by Treasury Board.
 - Manitoba Health sent a representative to the negotiations for the establishment of a Canadian Oral Health Strategy and continues to monitor the development of this strategy.
 - Manitoba Health is facilitating a process to review the dental legislation currently in place in Manitoba with the intention of developing an *Omnibus Dental Act* that would regulate all six dental professional groups. New Dental Hygiene and Dental Assisting regulations are drafted and awaiting tabling.
 - Partnerships with Healthy Child Manitoba and multiple other child agencies established the necessary linkages to move forward with the implementation of policies that will see an optimization of oral health of Manitoba children as part of a healthy lifestyle choice. Mechanisms to measure the changes are under development.
 - Additional Pediatric Dental Surgery slates were added by extending the program to Misericordia Centre.
8. Improvement in immunization levels, comprehensive vaccine programs, and a reduction in vaccine-preventable diseases.
9. Policies, programs, and public health practice based on epidemiologic evidence.
10. Reduction in the incidence of dental caries, particularly to children.
- Early childhood caries (tooth decay or ECC) remains a problem for 20% of Manitoba children. Manitoba Health is participating in efforts to resolve this preventable problem. To resolve the problems of pediatric dental surgery waiting lists which results from ECC, Manitoba Health co-operated in the establishment of additional surgical repatriation options in North Eastman and Burntwood RHAs which supported the establishment of a project in Norway House. Manitoba Health was involved in the funding of in excess of 2,000 pediatric anesthesia's province-wide for the purpose of dental surgery. Cooperative efforts will see the establishment of additional community projects addressing ECC. Efforts to collect baseline data for ECC and other dental conditions in the future will see the establishment of evaluatory mechanisms to monitor the progress towards reducing decay not only for children but for all Manitobans.

11. Reduction in the sale of tobacco to minors by retailers.

- Tobacco Enforcement Officers continue to enforce provisions in *The Non-Smokers Health Protection Act* prohibiting the sale of tobacco products to minors. A total of 760 retailers were checked for compliance, 35 were issued tickets for selling tobacco to a minor, 52 warnings were issued, one charge was laid under the *Federal Tobacco Act* for selling single cigarettes, 319 tobacco inspections were conducted, and an equal number of Retailer Toolkits delivered. Based on these statistics, approximately 90% of Manitoba retailers are complying with the law. Crimestoppers provided commercial time to promote the enforcement program and advise the public of the requirements of the law.

12. Increased public knowledge of tobacco issues.

- Implementation of the Provincial Tobacco Control Strategy announced in January 2002 by the Minister of Health is progressing well. Details of the strategy can be accessed at <http://www.gov.mb.ca/healthyliving/smoking.html>. Highlights of the strategy pertaining to this outcome include:
 - Implementation of provisions in *The Non-Smokers Health Protection Act* prohibiting smoking in all enclosed public and indoor workplaces where the province has clear jurisdiction, effective October 1, 2004.
 - Continued to increase in the number of schools running the teen smoking cessation program NOT (not on tobacco).
 - Manitoba Youth on Tobacco Initiatives assisted in planning and running the first provincial youth tobacco conference November 11-13, 2004 in Woodlands, MB. Sixty youth from across the province participated in workshops on how they can reduce tobacco use in their communities.
 - The Tobacco Learning Resource Initiative has progressed to being ready for pilot testing in Pembina Trails School Division schools. Additionally, a group of teachers will be engaged to focus test the material and recommend improvements. This project is scheduled to see wider, in-class testing in September 2005.
 - Mass media component of the provincial strategy saw the launch of the Review and Rate program with over 400 schools grades 6-12 and 31,000 students participating by viewing a VHS tape of 12 cutting edge anti-tobacco ads and sending in a ballot indicating what ad they thought was most effective at persuading someone not to smoke. The "What if (girl)" ad won and was shown on TV in Manitoba during March 2005. Due to the overwhelming success of the first Review and Rate, this program will continue in 2005/06.

13. Improved quality and continuity of care to ensure control of diabetes complications and modifiable risk factors for chronic diseases.

- Completed year two of the Manitoba Diabetes Care Project, a three-year research project using province-wide administrative claims data to evaluate the impact of the Manitoba Diabetes Care Recommendations on the practice patterns of primary care physicians in the province.
- Implemented the Risk Factor & Complication Assessment Train-the-Trainer program (previously known as the Complication Risk Factor Assessment Master Trainer).
- Completed a pilot for the Risk Factor and Complication Assessment Train-the-Trainer Kit and workshops in Parkland RHA. An evaluation report was written to document the process and learnings from the pilot.
- Facilitated the Risk Factor and Complication Assessment Advisory Committee.
- Collaborated with the Canadian National Institute for the Blind on the development of a client resource listing for the complications of diabetes.
- Trained regional trainer teams (nurse, dietitian, and physician) to provide risk factor and complication assessment training to health providers within their region.

14. Improved access to integrated, co-ordinated quality services through the most appropriate provider for diabetes and chronic diseases prevention, education, care, research and support.

- Co-ordinated the annual three-day Diabetes Education Network Workshop for over 300 health professionals and providers from Manitoba and NW Ontario.
- Supported and provided leadership for implementation of the Regional Diabetes Program in each RHA.

- Co-ordinated quarterly meetings of the Regional Diabetes Program Steering Committee.
- Provided feedback to RHAs regarding three-year Regional Diabetes Program Implementation Plans, as part of the Performance Agreement process.
- Supported and facilitated the development of a funding proposal for the Chronic Disease Prevention Initiative for a five-year demonstration project based on the prevention of chronic disease and its common risk factors, in partnership with the Alliance for the Prevention of Chronic Diseases, eight RHAs, Culture, Heritage & Tourism and Health Canada.

15. Up-to-date legislation to protect the health of the public.

16. Enhanced public awareness related to healthy living.

5(e)(1) Public Health and Epidemiology

Expenditures by Sub-Appropriation	Actual 2004/05 \$(000's)	FTE	Estimate 2004/05 \$(000's)	Variance Over(Under) \$(000's)	Expl. No.
Salaries and Employee Benefits	2,121.0	31.45	2,270.5	(149.5)	
Other Expenditures	3,496.7		3,759.4	(262.7)	
Vaccines	11,816.8		10,855.4	961.4	
External Agencies	312.1		327.6	(15.5)	
Total Sub-Appropriation	17,746.6	31.45	17,212.9	533.7	

Cadham Provincial Laboratory Services

The objectives were:

- To prevent, detect, monitor, and identify emerging threats of human diseases to preserve the wellness of Manitobans.

The expected and actual results for 2004/05 included:

1. Increased detection of Sexually Transmitted Infections (STIs) in high-risk populations in Manitoba.
 - Established stakeholder working groups to enhance alternatives for HIV testing.
 - Broadened reflex testing for other STIs.
 - Initiated a lookback of clients tested for immunity to Hepatitis B virus.
 - Established protocols for the detection of re-emergent Lymphogranuloma venereum.
 - Established a resistant gonorrhea surveillance program.
2. Enhanced surveillance of infectious diseases to aid in outbreak identification and prevention.
 - Participated in an increased number of provincial outbreak investigations.
 - Received certification in national molecular typing network fields.
 - Expanded syphilis testing to address the current Winnipeg syphilis outbreak.
 - Participated in pandemic influenza and smallpox planning activities at the Provincial and Regional level.
3. Enhanced service and surveillance provided through the adoption of a complete electronic laboratory information system.
 - Updated and finalized the Cadham Provincial Laboratory Guide to Services.
 - Distributed and received feedback on services via a client services questionnaire.
 - Partnered with Regional and Provincial Public Health pilot initiative to automate referral of identified communicable disease pathogens.
 - Established a Provincial laboratory notification network for Public Health Issues.
 - Provided and reported on rapid kit proficiency testing for mononucleosis, strep throat and pregnancy to 73 laboratories in Manitoba.

4. Improved diagnostic testing to provide clinicians with more accurate interpretations for bacteria which are antibiotic resistant, toxin producing or that cause food poisoning to improve infection control in hospitals, personal care homes, and the community.
 - Established with Communicable Disease Control branch the framework for a *Clostridium difficile* laboratory based surveillance program.
 - Continued screening for Extended Spectrum Beta Lactamase resistant organisms at long term care facilities and conducted studies on the long term carriage of this organism.
5. Effective provincial bioterrorism response to hazardous biological agents.
 - Conducted training and mock exercises in biohazard response.
 - Responded to ongoing biohazard threats.
6. Enhanced detection of infectious agents in compromised patients (HIV, transplant) to allow preventative treatment.
7. Detection of West Nile Virus (WNV) infection in humans to aid in the identification, surveillance and prevention of WNV disease.
 - Obtained equipment and established methods for detection of WNV in mosquito populations.
 - Introduced real-time nucleic acid detection for WNV in transplant populations.
 - Increased surveillance capacity to detect WNV or Western Equine Encephalitis in sentinel chicken flocks.
8. Enhanced maternal serum screening to detect Down's Syndrome and Spina Bifida by adding a fourth marker test to decrease number of false positives.
 - Expanded genetic screening to at risk population in Manitoba and adjacent territories.
 - Expanded maternal screening to include detection of additional fetal genetic diseases.
9. Enhanced screening for pesticide exposure to provide preventative programs to applicators.
 - Introduced a re-engineered pesticide screening program to attain cutting edge capability.
 - Established an Occupational/Scientific advisory Committee for the Provincial Pesticide Screening Program.
10. Safe specimen transport protocols and containers.
11. Enhanced autoclave proficiency programs for tattoo parlors, dental offices, etc. to reduce the transmission of blood-borne disease.
 - Expanded an autoclave proficiency-testing program for tattoo parlors and piercing salons.
 - Participated in the inspection and accreditation of other North American laboratory facilities.

5(e)(2) Cadham Provincial Laboratory Services

Expenditures by Sub-Appropriation	Actual 2004/05 \$(000's)	FTE	Estimate 2004/05 \$(000's)	Variance Over(Under) \$(000's)	Expl. No.
Salaries and Employee Benefits	5,155.5	87.78	4,600.0	555.5	
Other Expenditures	4,191.7		3,977.4	214.3	
Total Sub-Appropriation	9,347.2	87.78	8,577.4	769.8	

Office of the Chief Medical Officer of Health

The Office of the Chief Medical Officer of Health (OCMOH) is responsible for developing policy and standards for public health practice and to discharge, in conjunction with the Public Health branch and the RHAs, the Department's responsibilities for public health programs and services, including those outlined in *The Public Health Act*. The OCMOH assists in the development and advocacy for healthy public policy.

The OCMOH is responsible for the professional direction and support of a team of regional Medical Officers of Health (MOH). The MOHs work as members of regional public health teams to assure that public health programs and services are delivered across the Province in a consistent fashion. The MOH team has input to provincial healthy public policy development through the OCMOH.

The objectives were:

- To assess the health status of and public health threats to Manitobans.
- To assure appropriate standards of public health practice in the monitoring, evaluation, and response to health issues.
- To advocate for the preservation and improvement of the health of all Manitobans and the reduction of disparities in health status.
- To assist individuals, families, communities, organizations and governments to improve, protect and promote the health of Manitobans.

The expected and actual results for 2004/05 included:

1. Manitobans have improved health and decreased preventable diseases and injuries.
2. Reduced disparities of health status for Manitobans.
3. Identified performance measures in key areas.
 - Completed the health section of the Manitoba Government Sustainable Development Report.
 - Participation of MOHs in regional community health assessments.
4. Adequate and appropriate human and other resources to enable the Office to maintain services at the provincial and regional levels.
5. Population health promotion strategies based on the best available evidence.
 - Provided leadership and contribution to several Federal/Provincial/Territorial initiatives: Pan Canadian Healthy Living Strategy, development of the Pan Canadian Public Health Network, National Public Health Goal Development, Drinking Water Standards Development, Water & Food Safety Initiative, Reducing Health Disparities policy background development, Public Health Human Resource & Infrastructure Plan, Health Emergency Preparedness and Response.
 - Made presentation to the provincial Healthy Kids, Healthy Futures All Party Task Force highlighting areas of health disparity.
 - Provided educational experience to undergraduate medical students, community medicine residents and to students of other disciplines.
 - Participated in planning and development of work related injury prevention, Healthy Living Strategy and the Chronic Disease Prevention Initiative.
 - Facilitated the inclusion of other sectors in planning.
6. Appropriate identification and response to emerging public health issues.
 - Development of a West Nile Virus response plan and the necessary infrastructure
 - Successfully managed the WNV program which incorporated refinements to the program based on evaluation, information and education.
 - Completed of the Sero Survey Research Project.
 - Preparedness for Pandemic Influenza.
 - Added substantial detail to the existing provincial plan.
 - Purchased an allotment of antiviral medication.
 - Co-hosted, with the Public Health Agency of Canada, a scientific conference on antivirals.
 - Provided several educational sessions related to pandemic planning.
 - Preparedness for smallpox.
 - Collaborated with Disaster Management Services in the development of a provincial smallpox plan as part of the national plan.
 - Managed several disease outbreaks in the province, in conjunction with other health system partners.
 - Environmental health issues addressed.
 - Participated in the development and implementation of policies on environmental issues relating to drinking and recreational water and air quality.

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- Consulted with other health system partners to address various aspects of environmental impacts on human health.

7. Population health promotion strategies implemented at the provincial and regional levels.

5(f) Office of the Chief Medical Officer of Health

Expenditures by Sub-Appropriation	Actual 2004/05 \$(000's)	FTE	Estimate 2004/05 \$(000's)	Variance Over(Under) \$(000's)	Expl. No.
Salaries and Employee Benefits	2,521.5	22.50	1,946.0	575.5	1
Other Expenditures	1,721.1		2,621.5	(900.4)	2
Total Sub-Appropriation	4,242.6	22.50	4,567.5	(324.9)	

Explanation Number:

1. The over-expenditure is primarily due to professional salaries off-set by operating under-expenditures.
2. The under-expenditure is primarily due to a decrease in Professional Services costs.

Selkirk Mental Health Centre

The Selkirk Mental Health Centre (SMHC) is a provincial mental health facility mandated to provide long term mental health inpatient treatment and rehabilitation services to all residents of Manitoba whose challenging treatment and rehabilitation needs cannot be met by other services.

The Centre has a formal agreement with the government of Nunavut to provide inpatient services to residents of Nunavut experiencing acute mental illness.

Patient services are available at SMHC in four specialized inpatient treatment programs:

- Short Term Treatment and Rehabilitation Program (43 beds).
- Psychosocial Rehabilitation Program (86 beds and eight community residence beds).
- Extended Treatment and Rehabilitation Program (115 beds).
- Forensic Rehabilitation Program (18 beds).

Treatment services in all programs are provided by multi-discipline treatment teams, consisting of psychiatrists, general practitioners, psychologists, social workers, occupational therapists, activity instructors, nurses registered with their appropriate College, psychiatric nursing assistants, recreational therapists, pharmacists, the Chaplain, the Dietitian, the Aboriginal Elder and Aboriginal Friendship Workers. The Centre receives support through volunteers assigned to specific patient program areas and needs.

The objectives were:

- To deliver quality, compassionate, respectful and cost-effective inpatient mental health services. The services are delivered in a patient-centred approach that promotes patient recovery through clinical excellence, cultural competence, community partnerships and family involvement.

The expected and actual results for 2004/05 included:

1. Patients and families influence the direction of care at SMHC.
 - The Family Advisory Committee met five times over this fiscal year.
 - A Family Newsletter was initiated and sent to all family of patients at the Selkirk Mental Health Centre. Three editions have been distributed.
 - The Family Advisory Committee updated one brochure "SMHC Family Information" and assisted in developing a second "Suicide Risk Factors and Warning Signs".
 - Families participated in the "Eight Stages of Healing" Program facilitated by the Manitoba Schizophrenia Society: September 15 – November 3, 2004.
 - Families participated in an "Ethical Issues in Mental Health" presentation on May 26, 2004.
 - A number of families participated in the SMHC's Summer Games held on August 12, 2004.
 - The Christmas Family Teas were well attended by family members.

- 478 suggestions, 22 compliments, and 10 comments were received.
- 90% of the 478 suggestions received a response. This represents an increase of 43% from the previous year.

2. Improved quality of patient care.

- SMHC has been able to increase the time of the Manitoba Schizophrenia Society Outreach Worker at the Centre to three days per week.
- The times of the Outreach Workers for the Mood Disorders Association of Manitoba (MDAM) and the Anxiety Disorders Association of Manitoba (ADAM) remained at four hours, one day per week each.
- MDAM and ADAM have both accepted the invitation to increase their time to seven hours per day one day per week.
- The SMHC now has full time Self-Help presence at the Centre five days per week.
- Two Redevelopment Project Coordinators are in place to co-ordinate the following:
 - Researching and analyzing program options for the new Brain Injury Program.
 - Advising on Human Resource and Physical Space Requirements for the program that will move into the new building.
 - Working with the WRHA, Interlake Regional Health Authority and our Psychosocial Rehabilitation Program to plan for a possible Program for Assertive Community Treatment Team to serve our psychosocial rehabilitation patients.
 - Working with RHAs to develop community capacity to support brain-injured people discharged from the SMHC.
 - Developing a model for the community residence component of our project.
- The introduction to Co-Occurring Disorders Initiative have been a part of the annual update for program and service staff.
- Alcohol Anonymous meetings have been established on site.
- A one day Aboriginal Cultural Teaching Curriculum has been developed to allow for delivery throughout the year so as to increase understanding of Aboriginal patients.
 - SMHC has three Aboriginal Friendship Workers who speak the Cree language and three Aboriginal Workers who speak Ojibwa.
- Efforts are being made to continue to personalize the space of patients by use of comforters, family pictures, personal articles and provision of space to store personal belongings. Efforts continue to be made to enhance the environment of patient day areas.
- SMHC held an Applied Suicide Intervention Skills Training Workshop September 15 and 17, 2004. It was attended by 21 SMHC staff members.
- A "Suicide in the Elderly" workshop was held in the Interlake Region on October 22, 2004. A presentation was delivered by an SMHC staff member. This was attended by five SMHC staff members. A second Suicide in the Elderly Workshop was held at the SMHC on March 16, 2005 with 10 staff members attending.
- The SMHC undertook a safety survey of all SMHC buildings commencing in December 2004. As a result, adjustments were made in washrooms and closets.

3. Healthy workplace.

- The Job Safety Analysis has been completed for cooks, service workers, nurses and PNAs. Recommendations have been reviewed and implemented.
- Non Violent Crisis Intervention training has been expanded to two full days.
 - The Non Violent Crisis Intervention course revisions have been approved by the Crisis Intervention Institute.
 - Teaching Assistants have been selected and assist with the Non Violent Crisis Intervention classroom training, as well as the practice sessions on the wards.
 - A database has been developed to track staff members who have been certified in Non Violent Crisis Intervention.
- The Risk Management Team continues its development of an Integrated Risk Management Plan.
- As of April 1, 2004 there is no smoking indoors in any of the buildings. At the patients' request outdoor smoking shelters have been installed.
- Ward E14 / E15 Medication Rooms were modified to provide ergonomic stations for the staff.

- A security project on Ward D12 to replace outdated locking mechanisms with swipe cards has been completed.
- A laundry bag conversion has been completed in order to reduce the weight of soiled linen thus to reduce the risk of injury to staff who must lift the laundry bags.
- A contract was secured to undertake a review of Pharmacy Services at the SMHC.
- A review of toggle switches on doors was completed in response to a review of an occurrence in Alberta.
- SMHC's Annual Health Fair was held in the first week of May 2004. This event was open to the public.
- The "Walk to Win" activity was held May 1, 2004 to September 30, 2004. A total of 204 patients and staff walked a total of 8, 357.9 kms.
- Smoking Cessation Programs are available to patients and staff.

5(g) Selkirk Mental Health Centre

Expenditures by Sub-Appropriation	Actual 2004/05 \$(000's)	FTE	Estimate 2004/05 \$(000's)	Variance Over(Under) \$(000's)	Expl. No.
Salaries and Employee Benefits	22,320.0	414.10	21,717.3	602.7	
Other Expenditures	3,909.0		3,149.0	760.0	1
Total Sub-Appropriation	26,229.0	414.10	24,866.3	1,362.7	

Explanation Number:

1. The over-expenditure is primarily due to Pharmaceutical price and volume increases, and other operating expenditure increases.

Provincial Nursing Stations

The objectives were:

- To provide cost effective and quality health services to the communities of Chemawawin Cree Nation/Easterville, Grand Rapids First Nation/Town of Grand Rapids, and Mosakahiken Cree Nation/Moose Lake, through the management of the community nursing stations.
- To transfer the nursing station health resources to local community health authority.

The expected and actual results for 2004/05 included:

1. Sufficient staffing and operating resources, and appropriate direction and coordination to the nursing stations that enable them to provide quality primary health care and public health services to the communities they serve.
 - Improved the knowledge and skill of nurses through provision of enhanced nursing skills training specific to services provided at the nursing stations.
 - Updated reference resource materials for staff to support the provision of the specialized programs and services provided by provincial nursing stations.
 - Conducted a review of safety and security requirements at the nursing stations in co-operation with nursing station staff and community representatives to identify options for a safer environment.
 - Refined policies and procedures for safe working conditions.
 - Initiated plans for improving the safety of facilities and provision of Non-violent crisis intervention training.
2. Supported negotiation process between Manitoba Health, Health Canada and The Swampy Cree Tribal Council that enables agreement to the transfer of provincial nursing stations to local health authorities.
 - Arranged completion of the transfer of operational responsibility of the Ilford nursing station to Burntwood Regional Health Authority (BRHA) in partnership with the BRHA and community representatives from Ilford and War Lake First Nation.
 - Provided co-ordination and support for the transfer of planning responsibility for the new Ilford Nursing Station to BRHA in collaboration with BRHA, Transportation and Government Services and Manitoba Health Capital Planning branch.

- Supported the negotiation process between Manitoba Health, Health Canada and The Swampy Cree Tribal Council to plan for the eventual transfer of the Moose Lake, Easterville and Grand Rapids Nursing Stations to local community health authorities.

5(h) Provincial Nursing Stations

Expenditures by Sub-Appropriation	Actual 2004/05 \$(000's)	FTE	Estimate 2004/05 \$(000's)	Variance Over(Under) \$(000's)	Expl. No.
Salaries and Employee Benefits	1,255.8	16.00	1,027.0	228.8	1
Other Expenditures	1,106.3		1,514.4	(408.1)	2
Total Sub-Appropriation	2,362.1	16.00	2,541.4	(179.3)	

Explanation Number:

1. The over-expenditure is primarily due to overtime.
2. The under-expenditure is primarily due to decreases in Professional Services Costs.

Healthy Populations

Healthy Populations (formerly Child Health) created in June 2004, provides strategic direction, policy development and program planning aimed at improving the health outcomes for priority populations including women, children, families, persons with disabilities, seniors and their communities. In collaboration with other areas, health promotion, prevention, and early intervention activities are emphasized to further the goals of Manitoba Healthy Living in the six key areas of active living, healthy eating, sexuality, chronic disease prevention, injury prevention, and tobacco reduction.

The objectives and activities for 2004/05 included:

- To conduct ongoing environmental scans to identify research, emerging issues, and best practices affecting priority and vulnerable populations as well as priority health promotion topics such as nutrition/healthy eating, physical activity and injury prevention.
- To provide strategic direction, policy development and program planning toward improving health outcomes for priority populations including women, children, families, persons with disabilities, seniors and their communities, as well as emerging priority populations
- To develop strategies and policies to support the broadly defined health needs of priority and emerging priority and emerging populations.
- To ensure that the specific needs and priorities of men, women, children, seniors and persons with disabilities are reflected in health system planning.
- To participate in the development of a provincial Healthy Living Strategy with particular attention to prevention and early intervention initiatives and strategies to ensure the inclusion and participation of men, women, children, seniors and persons with disabilities.
- To further the goals of Manitoba's Healthy Living Strategy in key areas: active living, healthy eating, sexuality, chronic disease prevention, injury prevention, reduction in the use of harmful substances, and mental health promotion.
- To participate in provincial and intergovernmental initiatives that emphasize the needs of priority populations (Ex: Healthy Child Manitoba; Seniors' Safety, Manitoba First Nations Disabilities Working Group) and support their work.

Health Services Insurance Fund

The Health Services Insurance Fund provides for program costs related to payments to health authorities and other organizations for acute and long term care, home care, community and mental health and emergency response and transportation services. The Fund also provides direct payments to providers of insured services, and individuals claiming reimbursement of expenditures. This includes Provincial Health Services, the Medical Program, and the Pharmacare Program.

Funding to Health Authorities

- Acute Care Services
- Long Term Care Services
- Home Care Services
- Community and Mental Health Services
- Emergency Response and Transport Services

The objectives were:

- To allocate funds to RHAs and other organizations to manage and provide facility and community-based health services across the health care continuum.
- To design a service delivery system that responsively, efficiently, and effectively meets the needs of the various Regions.
- To provide appropriate health services, based on community health assessments, provincial and local objectives, and available resources.
- To ensure compliance with provincial standards of core health services.
- To ensure fiscal and program accountability.

The expected and actual results for 2004/05 included:

1. To provide funding for the efficient, effective, and appropriate delivery of core health services in Manitoba primarily under the management of the RHAs including: acute care, long term care, home care, mental health, public health, primary care and other community-based health services, and emergency response and transport services, including the Northern Patient Transportation Program.
 - Funding provided to increase the number of cataract surgery at Pan Am Surgery Centre, and Portage La Prairie, to increase the number of hip and knee surgery at Concordia Hospital, Brandon Regional Health Centre, and Boundary Trails Health Centre, and to expand the general surgery program at Selkirk Hospital.
 - Supported ongoing publication of information on health services for seniors and their caregivers.
 - Provided funding to the Eating Disorders Association of Manitoba for the first time, adding to government funding already being provided to four other self-help organizations specific to mental health services.
 - Opened a Sexual Assault Unit at Health Sciences Centre in December 2004 to provide private, expert care for assault victims.
 - Opened the first Health Access Centre in the WRHA, ACCESS River East, in April 2004. This is a new community health and social service centre providing integrated health and social service delivery, including primary care services.
 - Expanded pediatric dental surgery to Beausejour Hospital and Misericordia Health Centre.
 - Opened the Manitoba Prostate Centre on September 21, 2004. The Manitoba Prostate Centre will be the foundation for developing outstanding research and care for prostate diseases and prostate cancer in particular, with an expected 500 –1,000 patients being seen at the Centre during its first year of operation.
2. Regular financial and statistical reporting, as defined by Manitoba Health, will be received and provided by the RHAs and other organizations.
 - Development and implementation of the Manitoba Health wait time web site to provide the department, health care practitioners, and the public with statistical information on wait times for various surgical and diagnostic services across the province.
 - Participated in the review of the RHAs Annual Health Plan to ensure plans focus on initiatives/actions to successfully meet the health needs of the community and include appropriate resource allocations with evidence based justifications.
3. To design a service delivery system that responsively, efficiently and effectively meets the needs of the various Regions.
 - Enhanced integration to include RHA community health assessment findings into strategic plans, performance deliverables, and the annual health plan process for future health plan submissions.
 - Funded specialized equipment requests made by the RHAs and CancerCare Manitoba on an emergent basis (ventilators, cardiac monitors, etc.)

4. Appropriate health services based on community health needs assessments, provincial and local objectives, and available resources.
 - Participated in comprehensive resource reviews of the operations of North Eastman and Interlake RHAs.
 - Submitted recommendations to the Minister of Health based on work completed over the course of 2004/05 by the Churchill Centre Task Force.
 - Participated in the Emergency Care task Force to develop and implement improvements to emergency care in Winnipeg Emergency Departments.
5. Quality of services provided in the various Regions will be monitored.
 - Ongoing monitoring and review of Manitoba's Critical Clinical Occurrences and Critical Occurrences to reduce the probability of similar events occurring, by communicating system and/or policy changes required, and by providing annual feedback to appropriate stakeholders.
6. Compliance with provincial standards of core health services.
 - Ongoing monitoring of Manitoba's personal care homes based on the Personal Care Homes Standards Regulation commenced in October 2004. The Personal Care Homes Standards Regulation and the Personal Care Homes Licensing Regulation both under *The Health Services Insurance Act* came into effect March 1, 2005.
7. Fiscal and program accountability.
 - Participated in the development and monitoring of the Performance Deliverables (Performance Agreements) submitted and signed off between Manitoba Health and the Board Chairs of the RHAs and CancerCare Manitoba.

6(a) Funding to Health Authorities

Expenditures by Sub-Appropriation	Actual 2004/05 \$(000's)	Estimate 2004/05 \$(000's)	Variance Over(Under) \$(000's)	Expl. No.
Other Expenditures				
Acute Care Services	1,346,678.4	1,325,495.0	21,183.4	1
Long Term Care Services	427,777.3	424,626.7	3,150.6	2
Home Care Services	207,442.5	202,234.3	5,208.2	2
Community and Mental Health Services	140,535.8	138,024.0	2,511.8	2
Emergency Response and Transport Services	31,074.6	28,274.6	2,800.0	2
Third Party Recoveries	(6,716.6)	(6,496.3)	(220.3)	
Reciprocal Recoveries	(36,431.9)	(39,306.2)	2,874.3	3
Recoverable from Urban Development Initiative	(2,000.0)	(2,000.0)	0.0	
Total Sub-Appropriation	2,108,360.1	2,070,852.1	37,508.0	

Explanation Number:

1. The over-expenditure is primarily due to unrealized targeted savings offset by under-expenditures in Construction Programming – Operating and Interest.
2. The over-expenditure is primarily due to a net-redistribution of the 2004-05 funding offset within 6A.
3. The under-recovery is primarily due to lower average rates per day.

Provincial Health Services

The objectives were:

- To provide payment for insured hospital services required by residents of Manitoba while they are temporarily out of the province, and to recover funds from other provinces when Manitoba hospitals provide in-patient and out-patient services to other Canadian residents.
- To co-ordinate the Manitoba Blood system including the provision of transfusion of blood and blood products services to patients of medical practitioners and hospitals in the Province. The Manitoba

blood system includes Canadian Blood Services and Canadian Blood Agency which is the blood and blood products provider and cross-match centre for the WRHA, the rural RHAs, and rural cross-match centres, hospitals and blood and blood product recipients.

- To provide funding for services in two federal hospitals and 18 federal nursing stations.
- To provide financial assistance to Manitobans who have a physical disability and require an assistive device(s) to improve their function in a variety of regular activities.
- To reallocate health care system resources to equal or more appropriate and less costly alternatives, and bridge the transitions on a one-time basis through the Healthy Communities Development Fund.
- To attract and retain Registered Nurses, Registered Psychiatric Nurses, and Licensed Practical Nurses to Manitoba.

The expected and actual results for 2004/05 included:

1. The requirement of portability of benefits under the *Canada Health Act* is fulfilled through Inter-provincial reciprocal billing arrangements.
 - The requirement of portability of benefits under the *Canada Health Act* has been fulfilled.
2. Safe, reliable, cost-effective and high quality blood services in Manitoba.
 - Manitoba Health was able to provide safe, reliable, cost-effective and high quality blood services to Manitobans through the:
 - Collection, collation and analysis of data gathered via the Province-wide Adverse Events Reporting System for blood and blood product transfusions.
 - Creation of electronic versions of Provincial Quality Manual for blood banks, cross-match centres and allied services.
 - Joint Canadian Blood Services-Manitoba Health Blood Programs education and information workshop for blood bank technologists.
 - Implementation of informed consent for blood and blood product transfusions.
 - Creation of special steering committee to deal with challenges to the blood system arising from West Nile Virus (WNV). Implementation of interim blood usage policy during WNV donated blood screening test implementation.
3. Disbursement of compassionate financial assistance through Manitoba Hepatitis C Assistance Program (MHCAP).
 - It takes approximately six months for Manitoba Health to review and adjudicate an MHCAP application to determine whether or not an individual is eligible to receive benefits.
4. Enhanced surveillance through the Adverse Event Reporting System.
5. Produce Transfusion Medicine Nursing Quality Manual.
6. Provincial blood and blood products utilization strategy in place to ensure the optimal use of limited resources in a cost-effective manner.
7. Timely and accurate response to inquiries regarding Blood Programs.
 - Advisory Notes are prepared and reviewed by Blood Program Administration staff and the average turn around time is 2 weeks or less depending on the issues.
8. Two federal hospitals and 18 federal nursing stations are funded for services provided.
 - Total funding was \$2,780.2.
9. Financial assistance provided to eligible Manitobans requiring assistive devices.
 - Financial Assistance has been provided to Manitobans requiring assistive devices.
10. Development of a more effective and less costly health care system through funding of initiatives undertaken in the Healthy Communities Development Fund.
 - Healthy Communities Development has taken on a variety of pilot projects which are at various stages of development and use with the primary goal of developing a more effective and less costly health care system.

11. Improved supply of nurses in Manitoba, and increased interest in Nursing as a profession.

6(b) Provincial Health Services

Expenditures by Sub-Appropriation	Actual 2004/05 \$(000's)	Estimate 2004/05 \$(000's)	Variance Over(Under) \$(000's)	Expl. No.
Other Expenditures				
Out-of-Province	23,785.1	30,140.6	(6,355.5)	1
Blood Transfusion Services	44,935.8	45,469.6	(533.8)	
Federal Hospitals	2,780.2	1,668.5	1,111.7	2
Prosthetic and Orthotic Devices	8,097.1	7,126.0	971.1	3
Healthy Communities Development	14,647.9	16,893.8	(2,245.9)	4
Nursing Recruitment and Retention Initiatives	1,700.0	1,700.0	-	
Total Sub-Appropriation	95,946.1	102,998.5	(7,052.4)	

Explanation Number:

1. The under-expenditure is primarily due to lower average Reciprocal In-Patient rates per day.
2. The over-expenditure is primarily due to higher out-patient cases.
3. The over-expenditure is primarily due to volume increases.
4. The under-expenditure is primarily due to timing of the implementation of Primary Health Care Transition Fund projects.

Medical

The objectives were:

- To provide insurance in respect of the costs of medical and other health services for the health and well-being of the residents of Manitoba.

The Medical Program provides payment to physicians, optometrists, chiropractors, licensed dentists, certified oral surgeons and maxillofacial surgeons. Payment is generally made on a fee-for-service basis in accordance with a Schedule of Benefits, which reflects agreements negotiated between Manitoba Health and the various professional associations.

The expected and actual results for 2004/05 included:

1. Total claims paid to medical practitioners, optometrists, chiropractors and dental surgeons were \$630.9 million.

6(c) Medical

Expenditures by Sub-Appropriation	Actual 2004/05 \$(000's)	Estimate 2004/05 \$(000's)	Variance Over(Under) \$(000's)	Expl. No.
Other Expenditures				
Physician Services	601,212.9	577,816.0	23,396.9	1
Other Professionals	12,872.4	12,548.4	324.0	
Out of Province Physicians	18,949.4	17,793.9	1,155.5	2
Other	11,624.5	11,624.4	0.1	
Third Party Recoveries	(3,483.8)	(3,939.4)	455.6	3
Reciprocal Recoveries	(10,238.0)	(9,809.7)	(428.3)	
Total Sub-Appropriation	630,937.4	606,033.6	24,903.8	

Explanation Number:

1. The over-expenditure is primarily due to price increases for physicians.
2. The over-expenditure is primarily due to price increases.
3. The under-recovery is primarily due to lower recoveries from the Workers' Compensation Board.

Pharmacare

The objectives were:

- To fund pharmaceutical benefits as may be prescribed, subject to *The Prescription Drugs Cost Assistance Act* and Regulations thereto, in order to protect the residents of Manitoba from financial hardship resulting from expenses for eligible prescription drugs.

Pharmacare deductible rates were increased on April 1, 2004 from 2.21% to 2.32% for families with total adjusted income up to \$15,000 (minimum of \$100 deductible is applicable), from 3.31% to 3.48% for families with total adjusted income greater than \$15,000 and less than or equal to \$40,000, from 3.31% to 4% for families with total adjusted income greater than \$40,000 and less than or equal to \$75,000 and from 3.31% to 5% for families with total adjusted income greater than \$75,000. Total family income is reduced by an adjustment of \$3,000 for spouse and for each dependent less than 18 years of age, where applicable.

The expected and actual results for 2004/05 included:

1. Reduced financial hardship to residents of Manitoba associated with the cost of prescription medications.
 - Benefits were paid to 86,274 families through Pharmacare and the Special Drugs Program.
2. Direct reimbursement to beneficiaries and pharmacies for eligible prescription costs covered under the program.
 - The Drug Program Information Network (DPIN) assists in the administration of Pharmacare. DPIN is a computer network connecting all pharmacies in Manitoba to a central database. The DPIN network handles approximately 17 million transactions a year. DPIN processes all Pharmacare claims and provides pharmacists with real time adjudication of the payment required by the patient to the pharmacy. The network also allows pharmacists a more complete picture of their clients' prescription drug record and potentially prevents any harmful interactions or overdoses.
3. Implement FTP transfer process with Revenue Canada for income verification when processing application for benefit coverage.

6(d) Pharmacare

Expenditures by Sub-Appropriation	Actual 2004/05 \$(000's)	Estimate 2004/05 \$(000's)	Variance Over(Under) \$(000's)	Expl. No.
Other Expenditures	194,409.8	177,490.2	16,919.6	1
Total Sub-Appropriation	194,409.8	177,490.2	16,919.6	

Explanation Number:

1. The over-expenditure is primarily due to higher average price per prescription and volume increases.

Addictions Foundation of Manitoba

The Addictions Foundation of Manitoba contributes to the health and well-being of Manitobans by addressing the harm associated with addictions through education, prevention, rehabilitation and research.

The Foundation's expenditures are contained in a separate Annual Report.

7 Addictions Foundation of Manitoba

Expenditures by Sub-Appropriation	Actual 2004/05 \$(000's)	Estimate 2004/05 \$(000's)	Variance Over(Under) \$(000's)	Expl. No.
Other Expenditures	12,890.0	12,336.4	553.6	1
Total Sub-Appropriation	12,890.0	12,336.4	553.6	

Explanation Number:

1. Details of the Addictions Foundation of Manitoba expenditures are reported in a separate Annual Report.

Capital Funding**Principal Repayments**

Capital Funding responsibilities include providing and managing government borrowings for approved capital projects, information technology projects, and equipment purchases to RHAs, Diagnostic Services of Manitoba and CancerCare Manitoba.

The objectives were:

- To provide funding for capital projects, specialized equipment, and basic equipment for RHAs and CancerCare Manitoba through principal repayment on approved borrowing, capital cost payments, and outright equipment purchases.

The expected and actual results for 2004/05 included:

1. Acquisition, construction, and renovation of physical assets to support the infrastructure of the health care system.
 - Debt repayment was initiated on Acute Care Services, Long Term Care Services, and Community and Mental Health Care Services projects and equipment acquisitions completed totaling \$101.1 million.
 - Borrowings of \$94.0 million were transferred to the Department of Finance at various fixed rate terms dependant on amortization period.
2. Principal repayment of long term debt.
 - Applied \$39.1 million in principal payments against outstanding debt for Acute Care Services, Long Term Care Services, and Community and Mental Health Care Services borrowings.
3. Increase to long term debt as construction projects are completed.

8(a) Principal Repayments

Expenditures by Sub-Appropriation	Actual 2004/05 \$(000's)	Estimate 2004/05 \$(000's)	Variance Over(Under) \$(000's)	Expl. No.
Acute Care	25,106.8	42,503.2	(17,396.4)	1
Long Term Care	13,209.3	17,601.1	(4,391.8)	
Community and Mental Health Services	751.5	1,864.2	(1,112.7)	
Total Sub-Appropriation	39,067.6	61,968.5	(22,900.9)	

Explanation Number:

1. The under-expenditure is primarily due to the timing of capital projects and the reversal of third party debt.

Equipment Purchases and Replacements

Capital Funding is responsible for providing outright cash expenditures for medical equipment to RHAs and CancerCare Manitoba.

The objectives were:

- To provide timely funding of outright (cash) expenditures for medical equipment supported by appropriate review, sign-off, and documentation.

The expected and actual results for 2004/05 included:

- Acquisition of equipment to support critical care, surgical, medical, diagnostic services, and community programs.

8(b) Equipment Purchases and Replacements

Expenditures by Sub-Appropriation	Actual 2004/05 \$(000's)	Estimate 2004/05 \$(000's)	Variance Over(Under) \$(000's)	Expl. No.
Acute Care	25,101.6	26,588.9	(1,487.3)	1
Long Term Care	1,295.5	1,100.6	194.9	
Total Sub-Appropriation	26,397.1	27,689.5	(1,292.4)	

Explanation Number:

- The under-expenditure is primarily due to the timing of Federal Equipment funding.

Other Capital

Capital Funding is responsible for providing outright cash expenditures for major capital projects, safety and security projects and information technology projects to RHAs and CancerCare Manitoba in accordance with policy parameters.

8(c) Other Capital

Expenditures by Sub-Appropriation	Actual 2004/05 \$(000's)	Estimate 2004/05 \$(000's)	Variance Over(Under) \$(000's)	Expl. No.
Acute Care	6,592.6	9,016.2	(2,423.6)	1
Long Term Care	1,831.7	1,100.0	731.7	
Total Sub-Appropriation	8,424.3	10,116.2	(1,691.9)	

Explanation Number:

- The under-expenditure is primarily due to the timing in completing IT capital projects.

Costs related to Capital Assets

This appropriation is responsible for the provision of the amortization of capital assets, and for interest expense related to capital investment borrowing.

The objectives were:

- To provide for the amortization of capital assets.
- To provide for interest expense related to capital investment borrowing.

The expected and actual results for 2004/05 included:

1. The systematic write-off to expense of the cost of an asset over its expected economic useful life.
 - Asset values have been decreased by the value of the amortization expense.
2. The payment of interest expense on capital investment borrowing.
 - Interest expenses on capital investment borrowings were paid.

9 Costs related to Capital Assets

Expenditures by Sub-Appropriation	Actual 2004/05 \$(000's)	Estimate 2004/05 \$(000's)	Variance Over(Under) \$(000's)	Expl. No.
Desktop Services	438.5	438.7	(0.2)	
Amortization Expense	1,976.2	2,314.9	(338.7)	1
Interest Expense	907.1	1,082.7	(175.6)	1
Total Sub-Appropriation	3,321.8	3,836.3	(514.5)	

Explanation Number:

1. The under-expenditure is primarily due to the timing in completing projects.

Financial Report Summary Information

Part 1

Manitoba Health
Reconciliation Statement
April 1, 2004 - March 31, 2005

DETAILS	2004/05 ESTIMATES
2004/05 Main Estimates:	\$3,161,288.9 ⁽¹⁾
Allocation of Funds From:	
▪ Enabling Appropriations	27,500.0 ⁽²⁾
2004/05 Estimate:	\$3,188,788.9

(1) Although included in the above Estimate, details of the Addictions Foundation of Manitoba expenditures are reported in a separate Annual Report.

(2) Of the total amount voted in Enabling Vote, \$10,200.0 was allocated for Healthy Communities Development and \$17,300.0 was allocated to equipment purchases and replacements for Acute Care.

Manitoba Health
Expenditure Summary
for fiscal year ended March 31, 2005

Estimate 2004/05 \$(000s)	Appropriation	Actual (1) 2004/05 \$(000s)	Actual (2) 2003/04 \$(000s)	Increase (Decrease) \$(000s)	Expl. No.
	21-1 Administration and Finance				
58.8	21-1a Ministers' Salaries	57.8	39.7	18.1	1
	21-1b Executive Support				
967.6	1 Salaries and Employee Benefits	1,041.6	931.4	110.2	
185.6	2 Other Expenditures	210.1	201.0	9.1	
	21-1c Finance				
3,243.5	1 Salaries and Employee Benefits	3,171.5	3,412.6	(241.1)	
1,039.7	2 Other Expenditures	1,141.2	1,048.6	92.6	
	21-1d Central Services				
1,802.2	1 Salaries and Employee Benefits	1,706.4	1,611.5	94.9	
326.7	2 Other Expenditures	262.8	259.9	2.9	
131.7	3 External Agencies	64.7	83.1	(18.4)	
7,755.8	Total Appropriation 21-1	7,656.1	7,587.8	68.3	

Manitoba Health
Expenditure Summary
for fiscal year ended March 31, 2005

Estimate 2004/05 \$(000s)	Appropriation	Actual (1) 2004/05 \$(000s)	Actual (2) 2003/04 \$(000s)	Increase (Decrease) \$(000s)	Expl. No.
21-2	Health Accountability, Policy and Planning				
21-2a	Administration				
219.1	1 Salaries and Employee Benefits	206.9	166.7	40.2	
34.1	2 Other Expenditures	49.6	47.5	2.1	
21-2b	Information Systems				
4,108.5	1 Salaries and Employee Benefits	4,260.5	4,232.6	27.9	
623.6	2 Other Expenditures	824.8	1,326.0	(501.2)	2
6,647.0	3 Provincial Program Support Cost	6,405.8	6,198.4	207.4	
426.2	4 External Agencies	51.0	91.4	(40.4)	3
21-2c	Health Information Management				
711.5	1 Salaries and Employee Benefits	774.4	702.4	72.0	
351.4	2 Other Expenditures	261.9	234.2	27.7	
21-2d	Policy and Planning				
1,844.6	1 Salaries and Employee Benefits	1,717.9	1,538.8	179.1	
1,556.5	2 Other Expenditures	1,658.1	1,464.6	193.5	
21-2e	Accountability, Expectations and Evaluation				
1,253.8	1 Salaries and Employee Benefits	1,391.9	1,513.9	(122.0)	
990.1	2 Other Expenditures	955.2	837.3	117.9	
21-2f	Manitoba Centre for Health Policy				
1,850.0		1,850.0	1,850.0	-	
20,616.4	Total Appropriation 21-2	20,408.0	20,203.8	204.2	

Manitoba Health
Expenditure Summary
for fiscal year ended March 31, 2005

Estimate 2004/05 \$(000s)	Appropriation	Actual (1) 2004/05 \$(000s)	Actual (2) 2003/04 \$(000s)	Increase (Decrease) \$(000s)	Expl. No.
	21-3 Health Workforce				
	21-3a Insured Benefits				
5,389.2	1 Salaries and Employee Benefits	5,962.5	5,595.1	367.4	
2,027.2	2 Other Expenditures	1,830.3	1,878.5	(48.2)	
	21-3b Health Labour Relations				
922.5	1 Salaries and Employee Benefits	779.1	766.9	12.2	
539.8	2 Other Expenditures	198.8	388.5	(189.7)	4
718.4	3 External Agencies	660.7	647.2	13.5	
	21-3c Workforce Policy and Planning				
477.0	1 Salaries and Employee Benefits	543.9	455.3	88.6	
57.6	2 Other Expenditures	48.6	58.1	(9.5)	
10,131.7	Total Appropriation 21-3	10,023.9	9,789.6	234.3	

Manitoba Health

Expenditure Summary

for fiscal year ended March 31, 2005

Estimate 2004/05 \$(000s)	Appropriation	Actual (1) 2004/05 \$(000s)	Actual (2) 2003/04 \$(000s)	Increase (Decrease) \$(000s)	Expl. No.
	21-4 Regional Programs and Services				
	21-4a Administration				
196.5	1 Salaries and Employee Benefits	187.9	209.2	(21.3)	
40.7	2 Other Expenditures	54.6	56.9	(2.3)	
	21-4b French Language Services				
57.0	1 Salaries and Employee Benefits	54.7	53.0	1.7	
13.9	2 Other Expenditures	6.5	3.6	2.9	
	21-4c Capital Planning				
735.9	1 Salaries and Employee Benefits	711.9	623.2	88.7	
228.9	2 Other Expenditures	149.6	175.0	(25.4)	
	21-4d Urban Regional Support				
912.0	1 Salaries and Employee Benefits	949.9	979.3	(29.4)	
402.1	2 Other Expenditures	326.0	398.4	(72.4)	
227.3	3 External Agencies	223.7	223.7		
	21-4e Northern and Rural Support				
663.8	1 Salaries and Employee Benefits	694.2	661.5	32.7	
256.2	2 Other Expenditures	173.3	179.2	(5.9)	
	21-4f Regionalization and Health Planning				
391.5	1 Salaries and Employee Benefits	413.6	436.8	(23.2)	
56.9	2 Other Expenditures	50.3	46.9	3.4	

Manitoba Health
Expenditure Summary
for fiscal year ended March 31, 2005

Estimate 2004/05 \$(000s)	Appropriation	Actual (1) 2004/05 \$(000s)	Actual (2) 2003/04 \$(000s)	Increase (Decrease) \$(000s)	Expl. No.
	21-4g				
	Disaster Management				
145.3	1 Salaries and Employee Benefits	183.7	231.4	(47.7)	
73.0	2 Other Expenditures	61.2	79.9	(18.7)	
	21-4h				
	Primary Health Care				
248.9	1 Salaries and Employee Benefits	279.2	254.4	24.8	
68.9	2 Other Expenditures	58.0	68.1	(10.1)	
	21-4i				
	Emergency Health and Ambulance Services				
918.4	1 Salaries and Employee Benefits	946.1	895.2	50.9	
3,717.0	2 Other Expenditures	4,703.3	4,154.9	548.4	
22.5	3 External Agencies	10.6	22.5	(11.9)	
9,376.7	Total Appropriation 21-4	10,238.3	9,753.1	485.2	
	21-5				
	Provincial Health Programs				
	21-5a				
	Administration				
741.8	1 Salaries and Employee Benefits	709.1	749.8	(40.7)	
313.6	2 Other Expenditures	403.4	435.2	(31.8)	
5,185.5	3 External Agencies	4,933.6	4,746.7	186.9	
	21-5b				
	Provincial Drug Programs				
1,987.3	1 Salaries and Employee Benefits	1,840.1	1,636.4	203.7	5
653.4	2 Other Expenditures	600.8	747.4	(146.6)	
	21-5c				
	Chief Provincial Psychiatrist				
252.5	1 Salaries and Employee Benefits	274.1	244.1	30.0	
62.2	2 Other Expenditures	51.0	55.2	(4.2)	

Manitoba Health
Expenditure Summary
for fiscal year ended March 31, 2005

Estimate 2004/05 \$(000s)	Appropriation	Actual (1) 2004/05 \$(000s)	Actual (2) 2003/04 \$(000s)	Increase (Decrease) \$(000s)	Expi. No.
21-5d	Aboriginal Health				
443.8	1 Salaries and Employee Benefits	519.0	375.0	144.0	6
181.4	2 Other Expenditures	202.6	180.6	22.0	
21-5e-1	Public Health and Epidemiology				
2,270.5	1 Salaries and Employee Benefits	2,121.0	2,127.8	(6.8)	
3,759.4	2 Other Expenditures	3,496.7	2,863.6	633.1	7
10,855.4	3 Vaccines	11,816.8	7,176.6	4,640.2	8
327.6	4 External Agencies	312.1	245.5	66.6	
21-5e-2	Cadham Provincial Laboratory Services				
4,600.0	1 Salaries and Employee Benefits	5,155.5	4,974.5	181.0	
3,977.4	2 Other Expenditures	4,191.7	4,210.3	(18.6)	
21-5f	Office of the Chief Medical Officer of Health				
1,946.0	1 Salaries and Employee Benefits	2,521.5	2,323.7	197.8	9
2,621.5	2 Other Expenditures	1,721.1	2,073.8	(352.7)	
21-5g	Selkirk Mental Health Centre				
21,717.3	1 Salaries and Employee Benefits	22,320.0	20,863.4	1,456.6	
3,149.0	2 Other Expenditures	3,909.0	3,872.5	36.5	
21-5h	Provincial Nursing Stations				
1,027.0	1 Salaries and Employee Benefits	1,255.8	1,034.3	221.5	10
1,514.4	2 Other Expenditures	1,106.3	1,289.6	(183.3)	
67,587.0	Total Appropriation 21-5	69,461.2	62,226.0	7,235.2	

Manitoba Health

Expenditure Summary

for fiscal year ended March 31, 2005

Estimate 2004/05 \$(000s)	Appropriation	Actual (1) 2004/05 \$(000s)	Actual (2) 2003/04 \$(000s)	Increase (Decrease) \$(000s)	Expl. No.
21-6	Health Services Insurance Fund				
21-6a	Funding to Health Authorities				
1,325,495.0	Acute Care Services	1,346,678.4	1,260,935.0	85,743.4	11
424,626.7	Long Term Care Services	427,777.3	410,806.7	16,970.6	11
202,234.3	Home Care Services	207,442.5	194,132.6	13,309.9	11
138,024.0	Community and Mental Health Services	140,535.8	129,596.7	10,939.1	11
28,274.6	Emergency Response and Transport Services	31,074.6	23,495.5	7,579.1	11
(6,496.3)	Third Party Recoveries	(6,716.6)	(5,619.8)	(1,096.8)	12
(39,306.2)	Reciprocal Recoveries	(36,431.9)	(36,155.3)	(276.6)	
(2,000.0)	Recoverable from Urban Development Initiative	(2,000.0)	(2,000.0)	-	
21-6b	Provincial Health Services				
30,140.6	Out of Province	23,785.1	24,167.0	(381.9)	
45,469.6	Blood Transfusion Services	44,935.8	43,702.7	1,233.1	
1,668.5	Federal Hospitals	2,780.2	1,674.1	1,106.1	13
7,126.0	Prosthetic and Orthotic Devices	8,097.1	7,662.1	435.0	
16,893.8 ⁽⁴⁾	Healthy Communities Development	14,647.9	12,465.2	2,182.7	14
1,700.0	Nursing Recruitment and Retention Initiatives	1,700.0	1,645.8	54.2	
21-6c	Medical				
577,816.0	Physician Services	601,212.9	559,202.3	42,010.6	15
12,548.4	Other Professionals	12,872.4	12,717.9	154.5	
17,793.9	Out of Province Physicians	18,949.4	18,515.3	434.1	
11,624.4	Other	11,624.5	10,421.0	1,203.5	16
(3,939.4)	Third Party Recoveries	(3,483.8)	(3,145.9)	(337.9)	
(9,809.7)	Reciprocal Recoveries	(10,238.0)	(9,668.2)	(569.8)	

Manitoba Health
Expenditure Summary
for fiscal year ended March 31, 2005

Estimate 2004/05 \$(000s)	Appropriation	Actual (1) 2004/05 \$(000s)	Actual (2) 2003/04 \$(000s)	Increase (Decrease) \$(000s)	Expl. No.
177,490.2	21-6d Pharmacare	194,409.8	184,804.5	9,605.3	17
2,957,374.4	Total Appropriation 21-6	3,029,653.4	2,839,355.2	190,298.2	
12,336.4	21-7 Addictions Foundation of Manitoba ⁽³⁾	12,890.0	12,834.7	55.3	
12,336.4	Total Appropriation 21-7	12,890.0	12,834.7	55.3	
42,503.2	21-8 Capital Funding	25,106.8	34,648.2	(9,541.4)	18
17,601.1	21-8a Principal Repayments	13,209.3	17,025.4	(3,816.1)	
1,864.2	1 Acute Care	751.5	1,299.4	(547.9)	18
	2 Long Term Care				
	3 Community and Mental Health Services				
26,588.9 ⁽⁶⁾	21-8b Equipment Purchases and Replacements	25,101.6	32,749.8	(7,648.2)	19
1,100.6	1 Acute Care	1,295.5	1,295.5	-	
	2 Long Term Care				

Manitoba Health

Expenditure Summary

for fiscal year ended March 31, 2005

Estimate 2004/05 \$(000s)	Appropriation	Actual (1) 2004/05 \$(000s)	Actual (2) 2003/04 \$(000s)	Increase (Decrease) \$(000s)	Expl. No.
	21-8c				
	Other Capital				
9,016.2	1 Acute Care	6,592.6	5,579.7	1,012.9	
1,100.0	2 Long Term Care	1,831.7	3,037.2	(1,205.5)	20
99,774.2	Total Appropriation 21-8	73,889.0	95,635.2	(21,746.2)	
	21-9				
	Costs Related to Capital Assets				
438.7	21-9a Desktop Services	438.5	438.6	(0.1)	
2,314.9	21-9b Amortization Expense	1,976.2	1,447.5	528.7	21
1,082.7	21-9c Interest Expense	907.1	773.6	133.5	
3,836.3	Total Appropriation 21-9	3,321.8	2,659.7	662.1	
\$ 3,188,788.9	Total Appropriation 21	3,237,541.7	3,060,045.1	177,496.6	

Footnote:

- (1) Actuals for 2003/04 and 2004/05 are based on year-end expenditure analysis report dated May 10, 2005.
- (2) Prior year's comparative figures have been reorganized where necessary to conform with the presentation adopted for the fiscal year ending March 31, 2005.
- (3) Details of the Additions Foundation of Manitoba expenditures are reported in a separate Annual Report.
- (4) Includes funds voted in Enabling Vote of \$10,200.0 for Primary Health Care Transition Fund Projects.
- (5) Includes funds voted in Enabling Vote of \$17,300.0 for equipment purchases and replacement.

**Manitoba Health
Expenditure Summary**

Variance Explanation – Actuals March 31, 2005 vs. March 31, 2004

1. *The increase is due to the provision for the Minister of Healthy Living.*
2. *The decrease is due to miscellaneous operating under-expenditures.*
3. *Costs for activities undertaken by Western Health Information Collaborative were less than anticipated.*
4. *The decrease is mainly due to decreased professional services.*
5. *The decrease is due to miscellaneous operating under-expenditures.*
6. *The increase is due to fewer vacant positions.*
7. *The decrease is primarily due to Pandemic Planning and Chronic Disease Prevention costs.*
8. *The increase is primarily due to the implementation of a new expanded childhood vaccine program.*
9. *The decrease is due to decreased contract services.*
10. *The increase is primarily due to increased overtime for permanent staff partially offset by a decrease in operating expenditures due to decreased usage of contract nurses.*
11. *The increase is primarily due to the increase in the base line funding to the RHAs.*
12. *The increase is primarily due to increased MPIC recoveries.*
13. *The increase is due to increased hospital in-patient days and out-patient cases.*
14. *The increase is primarily due to the implementation of several Primary Health Care Initiatives.*
15. *The increase is primarily due an increase in price and volume of physician services.*
16. *The increase is primarily due to increased physician retention and recruitment costs.*
17. *The increase is primarily due to higher average price per prescription and volume increases.*
18. *The increase is primarily due to debt servicing for new projects.*
19. *The decrease is primarily due to the near completion of the Federal Equipment Funding program.*
20. *The decrease is primarily due to lower Safety & Security cash outlays and increased borrowings.*
21. *The increase is primarily due to an increase in Lifeflight Airplane Amortization.*

Manitoba Health

Revenue Summary by Source

for fiscal year ended March 31, 2005 ⁽¹⁾

Actual 2003/04	Actual 2004/05	Increase (Decrease)	Expl. No.	Source	Actual 2004/05	Estimate 2004/05	Variance	Expl. No.
Current Operating Programs								
1. Government of Canada:								
7,096.4	8,642.7	1,546.3	2	a) Primary Health Care Transition Fund	8,642.7	10,200.0	(1,557.3)	3
12,702.4	2,684.8	(10,017.6)	4	b) Medical Equipment Fund	2,684.8	5,300.0	(2,615.2)	3
7,829.2	26,634.3	18,805.1	3	c) Diagnostic Medical Equipment Fund	26,634.3	12,000.0	14,634.3	3
36,765.0	54,886.0	18,121.0	2	d) Health Reform Fund	54,886.0	55,000.0	(114.0)	
-	14,618.5	14,618.5	5	e) Public Health and Immunization Fund	14,618.5	14,600.0	18.5	
\$64,393.0	\$107,466.3	\$ 43,073.3		Sub-Total Health Funds	\$107,466.3	\$ 97,100.0	10,366.3	
3,716.4	4,368.3	651.9	6	f) Employment Assistance	4,368.3	3,716.1	652.2	6
684.3	562.6	(121.7)	3	g) Alcohol, Drug, Treatment and Rehabilitation Program	562.6	694.0	(131.4)	3
\$ 4,400.7	\$ 4,930.9	\$ 530.2		Sub-Total Other Agreements	\$ 4,930.9	\$ 4,410.1	520.8	
2. Other Revenue:								
3,339.6	4,125.4	785.8	6	a) Sundry	4,125.4	3,191.9	933.5	6
\$72,133.3	\$116,522.6	44,389.3		Total Revenue	\$116,522.6	\$104,702.0	11,820.6	

Explanatory Notes:

1. Actuals for 2004/05 are based on year-end expenditure analysis report dated July 6, 2005.
2. The increase is mainly due to additional funding approved in the 2004/05 Estimate.
3. The increase (decrease) is mainly due to the timing of the projects.
4. The decrease is mainly due to the program closer to completion.
5. The increase is mainly due to new funding approved in the 2004/05 Estimate.
6. The increase is mainly due to the new Federal funding agreement.

Manitoba Health
Five Year Expenditure and Staffing Summary by Appropriation (\$000)
for years ending March 31, 2001 to March 31, 2005

Appropriation	2000/01		2001/02		2002/03		2003/04 ⁽²⁾		2004/05 ⁽¹⁾	
	FTE	\$	FTE	\$	FTE	\$	FTE	\$	FTE	\$
21-1 Administration and Finance	116.29	8,240.5	116.29	7,235.0	108.79	7,342.2	110.00	7,587.8	107.00	7,856.1
21-2 Health Accountability, Policy and Planning	302.73	26,985.7	305.73	28,864.1	138.25	18,195.4	138.75	20,203.8	127.75	20,408.0
21-3 Health Workforce	876.37	61,811.0	876.37	67,183.1	150.29	9,882.5	150.29	9,789.6	146.29	10,023.9
21-4 Regional Programs and Services					74.00	9,384.7	74.00	9,753.1	67.00	10,236.3
21-5 Provincial Health Programs					627.56	56,453.6	633.56	62,226.0	632.06	69,461.2
21-6 Health Services Insurance Fund		2,334,802.8		2,486,336.4		2,849,019.8		2,839,355.2		3,029,653.4
21-7 Additions Foundation of Manitoba ⁽²⁾		10,848.0		11,511.6		11,741.6		12,834.7		12,880.0
21-8 Capital Funding		72,059.7		70,696.6		83,082.4		95,635.2		73,889.0
21-9 Costs related to Capital Assets		1,939.1		2,164.4		2,824.5		2,859.7		3,321.8
Total Departmental Expenditures	1,095.39	2,510,686.8	1,098.39	2,683,993.2	1,099.89	2,847,936.5	1,106.80	3,060,045.1	1,082.1	3,237,541.7

Explanatory Notes:

- (1) Actuals for 2004/05 are based on year-end expenditure analysis report dated August 24, 2005.
(2) Prior years' comparative figures have been restated, where necessary to conform with the presentation adopted for the fiscal year ending March 31, 2005.
(3) Additions Foundation of Manitoba expenditures are reported in a separate Annual Report.

**Manitoba Health Services Insurance Plan
Five-Year Expenditure Summary**

for years ending March 31, 2001 - March 31, 2005 ⁽¹⁾

Program	2000/01 \$000	2001/02 \$000	2002/03 \$000	2003/04 \$000	2004/05 \$000
Facilities & Health Authorities	1,729,979	1,831,657	1,949,225	2,070,826	2,182,249
Medical ⁽²⁾	487,678	522,252	543,523	588,042	630,937
Provincial Programs ⁽³⁾	80,278	78,343	78,552	91,317	95,946
Pharmacare	108,927	136,783	160,812	184,805	194,410
Total	2,406,862	2,569,035	2,732,112	2,934,990	3,103,542

Explanatory Notes:

- (1) Prior year's comparative figures have been restated where necessary, to conform with the presentation adopted for the fiscal year ending March 31, 2005.
- (2) Includes fee-for-service, alternate payments, private laboratory and x-ray facilities, Oral, Dental, and Periodontal Surgery, as well as Chiropractic and Optometric.
- (3) Included in Provincial Programs are Out of Province facilities, Blood Transfusion Services, Federal Hospitals, Prosthetic and Orthotic Devices, Healthy Communities Development, and Nursing Recruitment and Retention Initiatives.

Regional Health Authorities and Other Facilities
Net Manitoba Health Payments - 2003/04 and 2004/05

Regional Health Authority	Net Manitoba Health Payments (\$)	
	2003/04	2004/05
Assiniboine Regional Health Authority		
Acute Care Services - Operating	42,666,787	43,263,137
Long Term Care Services - Operating	32,568,912	35,963,064
Emergency Response & Transportation Services	1,693,824	2,513,856
Medical	10,501,997	11,569,656
Home Care	10,493,520	11,094,000
Community and Mental Health	4,068,168	4,427,712
Acute Care Services - Capital	1,624,985	1,552,504
Long Term Care Services - Capital	1,606,562	1,633,689
Community - Capital	341,904	340,896
Total Assiniboine Regional Health Authority	\$105,566,659	\$112,358,514
Brandon Regional Health Authority		
Acute Care Services - Operating	83,484,790	93,472,463
Long Term Care Services - Operating	15,626,376	16,482,120
Emergency Response & Transportation Services	213,720	220,128
Medical	6,054,260	6,551,801
Home Care	5,064,744	5,166,504
Community and Mental Health	12,594,192	14,532,288
Acute Care Services - Capital	5,679,260	5,234,369
Long Term Care Services - Capital	561,555	575,807
Community - Capital	-	-
Total Brandon Regional Health Authority	\$129,278,897	\$142,235,480
Burntwood Regional Health Authority		
Acute Care Services - Operating	23,977,666	26,733,796
Long Term Care Services - Operating	372,336	372,336
Emergency Response & Transportation Services	4,038,360	3,804,672
Medical	11,206,167	11,594,060
Home Care	1,242,624	1,255,584
Community and Mental Health	4,474,728	5,358,120
Acute Care Services - Capital	1,328,149	1,952,243
Long Term Care Services - Capital	-	-
Community - Capital	-	-
Total Burntwood Regional Health Authority	\$46,640,030	\$51,070,811

Annual Report 2004 – 2005**Regional Health Authorities and Other Facilities
Net Manitoba Health Payments - 2003/04 and 2004/05**

Regional Health Authority	Net Manitoba Health Payments (\$)	
	2003/04	2004/05
CancerCare Manitoba		
Acute Care Services - Operating	40,572,730	45,282,201
Long Term Care Services - Operating	-	-
Emergency Response & Transportation Services	-	-
Medical	6,396,441	7,978,707
Home Care	-	-
Community and Mental Health	-	-
Acute Care Services - Capital	4,308,333	4,170,222
Long Term Care Services - Capital	-	-
Community - Capital	-	-
Total CancerCare Manitoba	\$51,277,504	\$57,431,130
Central Regional Health Authority		
Acute Care Services - Operating	52,918,829	57,150,794
Long Term Care Services - Operating	31,423,920	32,022,312
Emergency Response & Transportation Services	2,372,808	2,861,304
Medical	8,930,201	10,566,966
Home Care	14,235,816	14,612,400
Community and Mental Health	9,018,912	8,794,200
Acute Care Services - Capital	2,779,520	3,682,054
Long Term Care Services - Capital	972,646	1,034,357
Community - Capital	-	-
Total Central Regional Health Authority	\$122,652,652	\$130,724,387
Churchill Regional Health Authority		
Acute Care Services - Operating	6,297,960	7,048,201
Long Term Care Services - Operating	-	-
Emergency Response & Transportation Services	1,085,088	1,098,456
Medical	308,520	308,520
Home Care	94,824	83,232
Community and Mental Health	652,128	642,312
Acute Care Services - Capital	630,480	326,424
Long Term Care Services - Capital	-	-
Community - Capital	-	-
Total Churchill Regional Health Authority	\$9,069,000	\$9,507,145

Regional Health Authorities and Other Facilities
Net Manitoba Health Payments - 2003/04 and 2004/05

Regional Health Authority	Net Manitoba Health Payments (\$)	
	2003/04	2004/05
Interlake Regional Health Authority		
Acute Care Services - Operating	27,015,372	30,401,068
Long Term Care Services - Operating	14,119,248	14,615,520
Emergency Response & Transportation Services	1,136,880	2,121,144
Medical	5,404,543	5,521,632
Home Care	10,110,960	10,813,728
Community and Mental Health	7,119,816	8,171,232
Acute Care Services - Capital	1,987,956	3,063,222
Long Term Care Services - Capital	830,644	636,689
Community - Capital	63,072	49,272
Total Interlake Regional Health Authority	\$67,788,491	\$75,393,507
Nor-Man Regional Health Authority		
Acute Care Services - Operating	19,357,786	25,728,922
Long Term Care Services - Operating	6,969,432	6,623,304
Emergency Response & Transportation Services	3,104,688	3,978,504
Medical	6,239,121	6,614,784
Home Care	3,260,136	3,678,072
Community and Mental Health	5,374,608	5,774,424
Acute Care Services - Capital	2,166,163	1,203,154
Long Term Care Services - Capital	1,368,153	913,089
Community - Capital	-	-
Total Nor-Man Regional Health Authority	\$47,840,087	\$54,514,253
North Eastman Regional Health Authority		
Acute Care Services - Operating	11,743,118	12,597,572
Long Term Care Services - Operating	9,130,536	9,255,720
Emergency Response & Transportation Services	880,152	1,198,800
Medical	2,883,561	3,270,480
Home Care	4,745,016	5,340,576
Community and Mental Health	2,387,352	2,518,128
Acute Care Services - Capital	814,276	1,255,448
Long Term Care Services - Capital	747,432	786,578
Community - Capital	213,744	213,744
Total North Eastman Regional Health Authority	\$33,545,187	\$36,437,046

**Regional Health Authorities and Other Facilities
Net Manitoba Health Payments - 2003/04 and 2004/05**

Regional Health Authority	Net Manitoba Health Payments (\$)	
	2003/04	2004/05
Parkland Regional Health Authority		
Acute Care Services - Operating	37,546,057	40,893,308
Long Term Care Services - Operating	21,191,256	22,324,128
Emergency Response & Transportation Services	754,992	1,093,872
Medical	3,469,959	3,459,582
Home Care	8,641,680	8,922,624
Community and Mental Health	8,658,168	8,557,896
Acute Care Services - Capital	2,123,191	2,149,490
Long Term Care Services - Capital	503,324	518,664
Community - Capital	-	-
Total Parkland Regional Health Authority	\$82,888,627	\$87,919,564
South Eastman Regional Health Authority		
Acute Care Services - Operating	17,719,838	19,268,356
Long Term Care Services - Operating	12,797,850	12,803,784
Emergency Response & Transportation Services	480,888	1,021,008
Medical	3,182,506	3,725,760
Home Care	9,034,632	9,735,000
Community and Mental Health	3,549,473	3,961,440
Acute Care Services - Capital	642,442	989,917
Long Term Care Services - Capital	1,431,842	1,433,996
Community - Capital	201,624	272,376
Total South Eastman Regional Health Authority	\$49,041,095	\$53,211,637
Winnipeg Regional Health Authority		
Acute Care Services - Operating	843,921,734	925,502,470
Long Term Care Services - Operating	273,190,214	294,508,200
Emergency Response & Transportation Services	5,231,376	8,105,760
Medical	96,099,419	107,425,599
Home Care	126,555,528	136,668,000
Community and Mental Health	70,457,208	58,947,144
Acute Care Services - Capital	38,647,072	36,852,316
Long Term Care Services - Capital	11,506,880	11,471,669
Community - Capital	473,784	772,704
Total Winnipeg Regional Health Authority	\$1,466,083,215	\$1,580,253,862

Regional Health Authorities and Other Facilities
Net Manitoba Health Payments - 2003/04 and 2004/05

Regional Health Authority	Net Manitoba Health Payments (\$)	
	2003/04	2004/05
Other		
Amocs Inc	538,513	746,716
Canadian Blood Agency	44,570,045	44,511,674
Centre de Santé St. Boniface	1,566,840	1,534,932
Community Therapy Services Inc.	84,319	84,336
Department of Clinical Health Psychology U of MB	319,636	319,632
Manitoba Locum Tenens Program	307,200	635,294
Out-of-Province	24,167,003	23,785,090
Pinaow Wachi	276,770	204,635
University Medical Group	1,861,594	1,930,567
University of Manitoba-Island Lake	-	273,300
University of Manitoba-Northern Medical Unit	6,381,999	6,374,657
Total Other	\$80,073,919	\$80,400,833
Federal Hospitals/Nursing Stations		
Hodgson-Percy E. Moore, Hospital	810,590	1,061,358
Norway House, Hospital	662,570	876,373
Bloodvein, N.S.	3,630	3,984
Brochef, N.S.	2,604	4,340
Cross Lake, N.S.	34,942	54,692
Garden Hill, N.S.	13,655	13,068
God's Lake, N.S.	12,826	17,294
God's River, N.S.	-	1,612
Lac Brochet, N.S.	5,332	9,052
Little Grand Rapids, N.S.	8,904	7,924
Nelson House, N.S.	4,712	46,624
Oxford House, N.S.	13,059	12,221
Poplar River, N.S.	1,860	2,728
Pukatawagan, N.S.	39,928	67,768
Red Sucker Lake, N.S.	3,472	10,100
Shamatawa, N.S.	13,640	34,224
South Indian Lake, N.S.	7,552	9,176
Split Lake, N.S.	29,748	43,772
Ste. Theresa, N.S.	16,093	16,214
Wasagamack, N.S.	7,139	10,648
York Factory, N.S.	-	1,736
Total Federal Hospitals/Nursing Stations	\$1,692,256	\$2,304,908
All Facilities and Regional Health Authorities	\$2,293,437,619	2,473,763,077

Financial Report Summary Information

Part 2

Manitoba Health Services Insurance Plan
Reconciliation Statement
April 1, 2004 - March 31, 2005

DETAILS	2004/05 ESTIMATES
2004/05 Main Estimates:	
Funding to Health Authorities	\$ 2,070,852.1
Provincial Health Services	92,798.5
Medical	606,033.6
Pharmacare	177,490.2
Capital Grants	82,474.2
Allocation of Funds From:	
Enabling Appropriations*	27,500.0
2004/05 Estimate:	\$ 3,057,148.6

* Of the total amount voted in Enabling Vote, \$17,300.0 was allocated for medical equipment; \$10,200.0 was allocated for Healthy Communities Development.

For the year ended March 31, 2005, the cost of insured health services was financed primarily through grants from the Provincial Consolidated Fund. As in the previous year, federal contributions pursuant to the provisions of the Canada Health and Social Transfer, were not received by the Health Services Insurance Fund but were deposited directly into the Consolidated Fund of the Province of Manitoba.

The Provincial Consolidated Fund provided a grant in the amount of \$3,029,648.6 for planned expenditures. Actual funding provided through the Enabling Vote was \$17,300.0 for medical and diagnostic equipment and \$10,200.0 for the Primary Health Care Transition Fund. During the year, Supplementary Funding of \$100,192.8 was approved, bringing the total grant to \$3,157,341.4.



Office of the Auditor General

500 - 330 Portage Avenue
Winnipeg, Manitoba
CANADA R3C 0C4

AUDITORS' REPORT

To the Legislative Assembly of Manitoba
To the Minister of Health

We have audited the balance sheet of the Manitoba Health Services Insurance Plan as at March 31, 2005 and the statement of revenue and expenses and net assets for the year then ended. These financial statements reflect the Plan's health program expenses for insured services and the funding provided for these programs from the Department of Health appropriations for the Health Services Insurance Fund and Capital Grants. These financial statements are the responsibility of the management of the Department of Health. Our responsibility is to express an opinion on these financial statements based on our audit.

We conducted our audit in accordance with Canadian generally accepted auditing standards. Those standards require that we plan and perform an audit to obtain reasonable assurance whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation.

In our opinion, these financial statements present fairly, in all material respects, the assets, liabilities and net assets of the Manitoba Health Services Insurance Plan as at March 31, 2005 and the revenue and expenses and cash flows for the year then ended in accordance with Canadian generally accepted accounting principles.

Office of the Auditor General

Office of the Auditor General

Winnipeg, Manitoba
July 8, 2005

MANAGEMENT REPORT

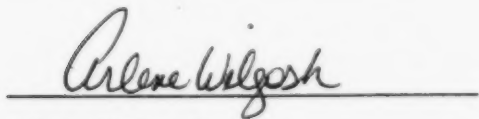
Management of Manitoba Health is responsible to the Minister of Health for the integrity and objectivity of the financial statements and schedules of the Manitoba Health Services Insurance Plan. The financial statements for the year ended March 31, 2005 have been prepared in accordance with accounting principles consistent with prior years. Included in this year's financial statement is the Schedule of Payments pursuant to the provisions of The Public Sector Compensation Disclosure Act.

Manitoba Health maintains a system of internal control designed to provide management with reasonable assurance that confidential data and other assets are safeguarded and that reliable operating and financial records are maintained. This system includes written policies and procedures, an internal audit program and an organization structure which provides for appropriate delegation of authority and segregation of responsibilities. Staff of the Office of the Auditor General review internal controls and report their findings annually to management and to the Minister of Health.

The Office of the Auditor General is responsible to express an independent, professional opinion on whether the financial statements are fairly stated in accordance with the accounting policies stated in the financial statements. The Auditor's Report outlines the scope of the audit examination and provides the audit opinion.

Management has reviewed and approved these financial statements. To assist in meeting its responsibility, an audit committee meets to review audit, financial reporting and related matters.

On behalf of the management,



Arlene Wilgosh
Deputy Minister of Health



Heather Reichert
Chief Financial Officer

Winnipeg, Manitoba
July 16, 2005

Manitoba Health Services Insurance Plan
Balance Sheet
As At March 31, 2005

ASSETS

	<u>2005</u> (thousands of dollars)	<u>2004</u> (thousands of dollars)
Cash	\$ 20,549	\$ 32,693
Funds on deposit with the Province of Manitoba	77,268	68,751
Accounts receivable:		
Other Provinces and Territories	25,248	17,202
Other	<u>2,376</u>	<u>2,836</u>
	27,624	20,038
Receivable from the Province of Manitoba (Note 3)	249,767	251,215
	<u>\$375,208</u>	<u>\$372,697</u>

LIABILITIES AND NET ASSETS

	<u>2005</u> (thousands of dollars)	<u>2004</u> (thousands of dollars)
Accounts payable and accrued liabilities:		
Health Authorities and Facilities	\$ 48,229	\$ 51,227
Medical services claims	44,388	42,924
Pharmacare claims	9,088	4,658
General	<u>22,936</u>	<u>21,873</u>
	124,641	120,682
Vacation pay and post-employment benefits (Note 3)	249,767	251,215
Net assets	800	800
	<u>\$375,208</u>	<u>\$372,697</u>

See accompanying notes to financial statements.

Manitoba Health Services Insurance Plan
Statement of Revenue and Expenses, and Net Assets
 For the Year Ended March 31, 2005

	<u>2005</u>	<u>2004</u>
	<i>(thousands of dollars)</i>	
Revenue:		
Grants from the Province of Manitoba	\$3,018,128	\$2,829,414
Third party recoveries	10,200	8,766
Miscellaneous	<u>32</u>	<u>149</u>
Total revenue	<u>3,028,360</u>	<u>2,838,329</u>
Expenses:		
Health Authorities and Facilities (Note 6)	2,103,556	1,970,779
Medical (Notes 6 and 7)	634,448	591,258
Provincial programs	95,946	91,487
Pharmacare	<u>194,410</u>	<u>184,805</u>
Total expenses	<u>3,028,360</u>	<u>2,838,329</u>
Revenue over expenses	--	--
Net assets beginning of year	<u>800</u>	<u>800</u>
Net assets end of year	<u>\$ 800</u>	<u>\$ 800</u>

See accompanying notes to financial statements.

**Manitoba Health Services Insurance Plan
Notes to the Financial Statements**
For the Year ending March 31, 2005

Note 1 - Nature of Operations

The Manitoba Health Services Insurance Plan (the Plan) operates under the authority of *The Health Services Insurance Act*. The mandate of the Plan is to provide health related insurance for Manitobans by funding the costs of qualified hospital, medical, personal care and other health services. The Plan's financial operations are administered outside of the Provincial Consolidated Fund.

Note 2 - Significant Accounting Policies

The financial statements have been prepared in accordance with Canadian generally accepted accounting principles.

Note 3 - Vacation Pay and Post Employment Benefits

The Plan has revised, in 2005, its funding arrangements related to vacation pay and post employment benefits. Previously, the Plan did not fund the annual vacation leave earned by employees of the Regional Health Authorities (Health Authorities) and Health Care Facilities (Facilities) until the year vacations were taken. As well, the Plan did not fund post-employment benefits earned by employees of Health Authorities and Facilities until those post-employment benefits were paid. Funding is now provided as vacation pay and post employment benefits are earned by employees subsequent to March 31, 2004.

Accordingly, the liability for vacation pay and post employment benefits as at March 31, 2004 will be paid over a period of twenty five years commencing with the year ending March 31, 2007. The related receivable from the Province of Manitoba will be reduced over the same period.

Note 4 - Administrative and Operating Expenses

The financial statements do not include administrative salaries and operating expenses related to the Plan. These are included in the operating expenses of Manitoba Health.

Note 5 - Inter-provincial Reciprocal Recoveries

Under inter-provincial reciprocal agreements Canadian residents can obtain necessary hospital and medical services while away from their home provinces or territories. Claims for services are subsequently recovered between provincial governments. In order to reflect the cost of insured services to Manitobans, the recoveries attributable to services for non-Manitoba residents are netted against program expenses.

For the year ended March 31, 2005 the expenses for Health Authorities and Facilities within the Province, of \$2,103,556,000 (2004 - \$1,970,779,000) are net of reciprocal recoveries of \$36,432,000 (2004 - \$36,155,000). The expenses for Medical program of \$634,448,000 (2004 - \$591,258,000) are net of reciprocal recoveries of \$10,238,000 (2004 - \$9,668,000).

Manitoba Health Services Insurance Plan
Notes to the Financial Statements
For the Year ending March 31, 2005

Note 6 - Regional Health Authorities

The following table summarizes payments to the Health Authorities. These payments are included in the financial statements in the expense categories of Health Authorities and Facilities and Medical.

<u>Regional Health Authority</u>	<u>2005</u>	<u>2005</u>	<u>2005</u>	<u>2004</u>
	<u>Facilities</u>	<u>Medical</u>	<u>Total</u>	<u>Total</u>
	<u>(000's)</u>	<u>(000's)</u>	<u>(000's)</u>	<u>(000's)</u>
Winnipeg	\$1,404,570	\$107,426	\$1,511,996	\$1,397,229
Brandon	126,476	6,552	133,028	121,951
North Eastman	30,398	3,270	33,668	30,678
South Eastman	46,274	3,726	50,000	46,181
Interlake	66,599	5,522	72,121	65,596
Central	114,937	10,567	125,504	117,265
Assiniboine	96,668	11,570	108,238	101,340
Parkland	79,680	3,460	83,140	78,158
Nor-Man	45,452	6,615	52,067	45,393
Burntwood	37,461	11,594	49,055	44,969
Churchill	8,882	309	9,191	8,752
CancerCare	<u>46,156</u>	<u>7,979</u>	<u>54,135</u>	<u>48,298</u>
Total payments	<u>\$2,103,553</u>	<u>\$178,590</u>	<u>\$2,282,143</u>	<u>\$2,105,810</u>

The expense category, Health Authorities and Facilities, in the Statement of Revenue and Expenditure and Net Assets is comprised of the following:

	<u>2005</u>	<u>2004</u>
	<u>(000's)</u>	<u>(000's)</u>
Health Authorities payments	\$2,103,553	\$1,945,134
Accruals and payments to facilities and third parties	36,435	61,800
Reciprocal recoveries	<u>(36,432)</u>	<u>(36,155)</u>
Total expenses	<u>\$2,103,556</u>	<u>\$1,970,779</u>

The expense category, Medical, in the Statement of Revenue and Expense and Net Assets is comprised of the following:

	<u>2005</u>	<u>2004</u>
	<u>(000's)</u>	<u>(000's)</u>
Fee for Service medical payments and accruals	\$442,986	\$417,864
Health Authorities payments	178,590	160,676
Optometric	4,925	4,903
Chiropractic	<u>7,947</u>	<u>7,815</u>
Total expenses	<u>\$634,448</u>	<u>\$591,258</u>

Annual Report 2004 - 2005

Note 7 - The Public Sector Compensation Disclosure Act

The Schedule of Payments pursuant to the provisions of *The Public Sector Compensation Disclosure Act* is included as part of the Annual Report of Manitoba Health.

Note 8 - Legal Actions

The nature of the Plan's activities is such that there may be litigation pending or in progress at any time. With respect to claims at March 31, 2005, no provision has been made in the financial statements as the final outcome of the claims is not determinable at this time.

Note 9 - Measurement Uncertainty

The preparation of financial statements requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingencies at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from these estimates.

Note 10 - Financial Instruments

The Manitoba Health Services Insurance Plan's financial instruments consist of cash, short-term investments, accounts receivable, accounts payable and accrued liabilities. Unless otherwise noted, it is management's opinion that Manitoba Health Services Insurance Plan is not exposed to significant interest, currency or credit risk arising from these financial instruments. The fair value of these financial instruments approximates their carrying values.

Note 11 - Statement of Cash Flows

These financial statements do not include a Statement of Cash Flows. In the opinion of management, the Statement of Cash Flows does not provide additional disclosure.

Note 12 - Comparative Figures

Certain of the 2004 financial statement figures have been restated to be consistent with the 2005 presentation.



Office of the Auditor General

500 - 330 Portage Avenue
Winnipeg, Manitoba
CANADA R3C 0C4

AUDITORS' REPORT
Schedule of Public Sector Compensation Disclosure

To the Legislative Assembly of Manitoba
To the Minister of Health

We have audited the Schedule of Payments of the Manitoba Health Services Insurance Plan for the year ended March 31, 2005 prepared in accordance with The Public Sector Compensation Disclosure Act. This financial information is the responsibility of the management of the Department of Health. Our responsibility is to express an opinion on this financial information based on our audit.

We conducted our audit in accordance with Canadian generally accepted auditing standards. Those standards require that we plan and perform an audit to obtain reasonable assurance whether the financial information is free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial information. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall presentation of the financial information.

In our opinion, this schedule presents fairly, in all material respects, compensation of The Manitoba Health Services Insurance Plan for the year ended March 31, 2005 in accordance with the provisions of The Public Sector Compensation Disclosure Act.

Office of the Auditor General

Office of the Auditor General

Winnipeg, Manitoba
July 8, 2005

**Manitoba Health Services Insurance Plan
The Public Sector Compensation Disclosure Act
Schedule of Payments for Fiscal Year Ended March 31, 2005**

This Schedule of Payments is published in compliance with the provisions of "The Public Sector Compensation Disclosure Act".

The Act requires the publication of the name of every person who receives \$50,000 or more in the fiscal year for providing services to insured persons under *The Health Services Insurance Act*, and the amount paid to each. It should be noted that the payments reported for physicians represents their fee-for-service amounts only. The payments reported do not include payments that a physician may receive from alternate sources such as salary and contract payments, sessional payments, on-call stipends etc.

The fee-for-service payments are reported under the name of the practitioner who provided the services, except for special arrangements when services provided by a group of practitioners are billed in the name of a single practitioner for administrative efficiencies. This type of billing arrangement is in place for radiology, laboratory and dialysis services in particular. As a result, some of the amounts shown have not been generated solely by the practitioner whose name is shown.

Persons reading these data should understand that:

- These data provide only a record of gross payments made by Manitoba Health to the practitioner.
- A practitioner's net income may vary from the gross payments shown as costs of operating a practice must be paid from these gross payments.
- As total revenues and costs of practice vary significantly between specialty groups and between individual practitioners, net income can also vary significantly.

Abdul-Nour K	\$82,927	Alto L E	\$420,875	Amot J B	\$200,094
Abdulrehman A S	\$240,893	Alvi A	\$510,317	Amott P C	\$334,961
Abell W R	\$78,526	Alvi C W	\$126,020	Arrezaghi M	\$115,657
Aboobaker S	\$378,302	Amadeo R J J	\$176,809	Ashcroft R P	\$133,375
Abu Dieh A	\$86,031	Amede K H	\$273,608	Ashique A	\$81,248
Adam C J E	\$145,908	Amin S M	\$275,753	Ashton M	\$70,257
Adduri V R	\$304,102	Amir N	\$127,532	Assuras G N	\$347,858
Agha Khanl Y	\$69,601	Anastasiades L	\$127,043	Athaide M	\$99,928
Ahluwalla R S	\$328,093	Anderson A	\$99,368	Atkinson R	\$208,362
Ahmad E	\$89,658	Anderson B R	\$318,008	Atwal J	\$284,159
Ahmad S N	\$183,935	Anderson B	\$85,090	Awadalla A	\$178,500
Ahsan A	\$78,622	Anderson D M	\$112,234	Azevedo J E	\$62,512
Ahweng A	\$545,905	Andrew C	\$82,353	Babick T R	\$530,227
Ainley A	\$71,631	Anhalt Hicks C D	\$505,604	Badenhorst F	\$241,305
Akena C	\$212,368	Anozie C B	\$236,805	Badenhorst L	\$90,767
Albak R E	\$253,779	Antonenko N E	\$152,607	Baidwan S K	\$112,266
Albi F	\$251,266	Antonissen L A S	\$368,559	Baillie C	\$284,094
Aldor T A M	\$67,522	Anyadike I O	\$277,378	Baker C	\$271,253
Alevizos I	\$59,364	Aoki F Y	\$101,156	Baker R C	\$55,628
Ali K R	\$320,071	Araneda M C	\$86,987	Balachandra B	\$183,103
Ali M B	\$471,861	Armas Enriquez A T	\$67,631	Balageorge D	\$359,531
Ali S E	\$243,476	Armstrong B	\$385,870	Balcha B	\$155,252
Allan D R (3)	\$402,381	Armstrong J D	\$148,555	Balko G	\$204,992
Allan R R	\$164,476	Armstrong S	\$168,181	Ballegeer T A	\$105,452
Alsewaidi O	\$57,264	Ameja A S	\$312,225	Banmann D S	\$188,832
Altman G N	\$193,947	Ameja J	\$349,063	Barber L	\$287,949

Explanatory Notes:

- (1) Director of a laboratory facility. Services may be provided by a group of practitioners, but are billed in the name of a single practitioner for administrative efficiencies. (See page 113 for list of facilities).
- (2) Director of a radiology facility. Services may be provided by a group of practitioners, but are billed in the name of a single practitioner for administrative efficiencies. (See page 114 for list of facilities).
- (3) Billings for Dialysis services representing the work of more than one physician. (See page 115 for list of facilities).
- (4) Director of a nuclear medicine facility. Services may be provided by a group of practitioners, but are billed in the name of a single practitioner for administrative efficiencies. (See page 115 for list of facilities).

Manitoba Health Services Insurance Plan
The Public Sector Compensation Disclosure Act
 Schedule of Payments for Fiscal Year Ended March 31, 2005 (Continued)

Barc J	\$201,422	Blank A	\$168,713	Buksak L A	\$95,737
Bard R J	\$222,870	Blouw R H	\$207,458	Bullen S A	\$53,627
Baria K	\$242,931	Blyth S	\$248,377	Bullock Pries K R	\$113,998
Barker J L	\$182,181	Bock G	\$108,792	Burke M E	\$206,516
Barker M F	\$400,028	Boguski G	\$79,234	Burnell C D C	\$340,674
Barker S L	\$83,795	Bohemier Janelle	\$61,299	Burnet N	\$251,589
Barkey J L	\$84,629	Bohemier Joel	\$73,710	Burnett C J	\$56,166
Barnes E B	\$179,332	Bohemier Roland E	\$70,064	Burnett M	\$188,109
Barnes W R	\$93,912	Bohm C J	\$170,966	Burnett Mairi	\$124,079
Baron C M	\$217,449	Bohm E R	\$235,383	Burtch D	\$61,755
Baron K	\$263,048	Bolton D R	\$257,418	Butler N	\$300,688
Bartlett L C	\$171,158	Book B H	\$54,124	Calderon-Grande H E	\$200,372
Basson H J	\$224,375	Bookatz B J	\$246,758	Calhoun L L	\$127,302
Battad A B	\$109,407	Booth F	\$100,076	Cameron A I	\$142,128
Bay T	\$267,904	Booy H	\$235,823	Cameron M R	\$350,569
Baydock B	\$99,515	Borley J	\$81,640	Campbell B	\$137,655
Bebchuk W	\$60,129	Boroditsky R S	\$226,354	Campbell G	\$257,156
Becker A	\$158,797	Borrett G F	\$250,300	Caners D	\$366,770
Beckstead J E	\$145,336	Botha A	\$143,957	Caners T	\$74,552
Bedder P	\$263,460	Botha D	\$321,457	Cannon J E	\$223,704
Bedi B	\$201,592	Boult I F (2)	\$2,434,785	Caplan A H	\$266,784
Beldavs R A	\$1,042,416	Bourdon N	\$55,615	Caplan D C	\$198,518
Bell D D	\$90,839	Bourque C N	\$319,439	Cappellani R B	\$236,549
Bellan L	\$457,591	Boustcha E	\$98,004	Carpenter N	\$333,369
Bellan S	\$78,222	Bovell F M	\$124,201	Carson J B	\$219,103
Benning H S	\$587,842	Bowman M N	\$69,511	Cartagena R A	\$304,593
Benoit A	\$312,515	Boyd K L	\$159,857	Carter R	\$312,026
Benson G W	\$76,377	Bracken J	\$190,541	Casey A R	\$191,299
Benson J C	\$112,513	Bracken J H	\$226,442	Caswell B	\$79,493
Bereznyay O	\$291,491	Bradley B D	\$267,758	Caulley E	\$135,962
Bergen J	\$241,514	Brandes L J	\$122,965	Cavallo D	\$176,894
Bergman E	\$137,067	Bratu I	\$80,812	Cavers K J	\$199,742
Bergner H	\$168,472	Braun E	\$222,685	Champagne D R	\$78,845
Bermack B A	\$333,301	Braun J	\$180,980	Chan E L	\$241,535
Bernier M	\$531,303	Braun K Y	\$111,012	Chan J J	\$342,134
Bernstein C N	\$247,882	Breckman D K	\$318,041	Chan K A	\$329,601
Bernstein K (3)	\$458,829	Breckman G L	\$116,583	Chan P	\$110,807
Bertsch A	\$262,499	Bretecher G	\$462,007	Chan T	\$196,813
Bester M A	\$131,801	Bright R C	\$192,889	Chapman S D	\$367,066
Beveridge T F	\$50,471	Broda R J	\$196,739	Chapnick C	\$131,347
Bhanot P	\$182,195	Brodovsky D M	\$67,971	Charbonneau E J F	\$51,176
Bhayana R K	\$228,610	Brodovsky S C	\$444,524	Chatel N L	\$175,253
Bhayana R	\$209,016	Brooker G (2)	\$320,594	Chenier D	\$56,221
Bhayana V	\$114,646	Brown R	\$258,975	Chenier P	\$64,224
Biala B	\$233,198	Brown R E	\$258,940	Cherian R	\$62,651
Biehl D	\$142,572	Brownell L	\$221,063	Cheung L K	\$406,888
Billinkoff E N	\$259,980	Bruneau M R	\$215,300	Chimilari J D	\$64,897
Bilos R J	\$52,069	Bryski L M	\$63,909	Chin D	\$776,548
Birt D	\$400,924	Bshouty Z	\$85,270	Chlsta T S	\$250,509
Bissonnette A	\$288,370	Buchel E W	\$172,372	Cho P A	\$335,388
Black D R	\$297,997	Buchik G M	\$109,523	Chochinov A	\$61,497
Black G B	\$191,694	Bueddefeld H D	\$246,339	Chochinov P H	\$212,774
Blakley B W	\$193,890	Bueti G	\$685,138	Chodirker B N	\$122,811

Explanatory Notes:

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Manitoba Health Services Insurance Plan

The Public Sector Compensation Disclosure Act

Schedule of Payments for Fiscal Year Ended March 31, 2005 (Continued)

Choptiany R B W	\$182,094	Czaykowski P M	\$113,287	Doerr J J	\$276,114
Choptiany T I	\$278,795	Da Silva H	\$67,013	Dolynchuk K N	\$241,112
Chow C	\$293,831	Da Silva L M	\$296,154	Dominique F	\$282,264
Christodoulou C C	\$83,799	Dabrowska W B	\$54,366	Domke H	\$252,936
Chubaty R A	\$125,165	Dabrowski P T	\$304,101	Domke O	\$159,781
Chudley A E	\$84,166	Daeninck P J	\$57,504	Domke S	\$211,160
Chung L	\$480,413	Dakshinamurti S S	\$272,915	Donnelly J P	\$245,850
Cisneros N	\$370,685	Dalling G N	\$237,173	Domn B	\$60,296
Clark M A	\$135,809	Dang T H	\$303,417	Doroshenko S	\$54,018
Clark S G	\$191,733	Daniels J H	\$179,945	Doucet P M	\$204,362
Clark S M	\$57,711	Daniels V	\$163,593	Dowhanik M A	\$88,645
Clayden G	\$378,590	Danzinger R G	\$76,151	Dowhanik P B J	\$56,560
Cleghorn G M (2)	\$194,724	Darczewski I	\$256,236	Downs A C	\$291,194
Cleghorn S	\$524,653	Dashefsky S M	\$418,377	Doyle E	\$104,935
Coates K R	\$308,457	Davey M	\$274,782	Doyle J	\$264,169
Cochrane D	\$59,612	Davey R J	\$299,495	Drachenberg D E	\$370,350
Coetzee F	\$137,108	David M F	\$343,123	Dressler G R	\$71,118
Coetzee J I	\$90,477	Davidson J M	\$613,418	Drew E	\$61,236
Coetzee M	\$87,973	Davis M H	\$389,152	Drexler J	\$326,492
Cohen B A	\$270,121	Davis M O	\$259,493	Drobot G R	\$115,739
Cohen M A	\$113,362	Davloor R	\$269,352	Du Plessis N	\$261,547
Cohen M	\$125,650	Day M	\$60,422	Du Plooy J	\$326,024
Collison L M	\$160,205	De Cloedt T	\$56,607	Du Toit L L	\$97,348
Collison S	\$112,948	De Groot W	\$63,391	Dubberley J	\$230,986
Collister C W	\$326,323	De Korompay V	\$389,532	Dubyna D	\$382,509
Connor D	\$475,581	De Moissac P C	\$194,185	Ducas D A	\$76,421
Connor D H	\$82,426	De Muelenaere P	\$335,408	Ducas J	\$551,928
Connor G T	\$159,490	De Rocquigny A J	\$434,062	Duchek D L	\$53,890
Consunji-Aranet R	\$121,014	De Wit C F	\$229,151	Dueck D	\$159,622
Corbett R P	\$54,999	De Wit S L	\$464,183	Duerksen C	\$268,814
Corder D	\$328,277	Dean H	\$60,463	Duerksen D R	\$328,500
Cordova J L	\$167,084	Debrouwere R G	\$324,404	Duerksen F	\$70,233
Come R A	\$59,216	Decter D	\$419,362	Duerksen K	\$59,796
Come S I	\$320,117	Delaive M	\$238,222	Duerksen M T	\$293,879
Comer F D	\$82,014	Demsas H	\$239,942	Duff B D	\$137,365
Coueslan G W (2)	\$950,402	Deonarine L	\$301,262	Duffy G	\$211,625
Cowan D J	\$392,334	Deong P J	\$276,770	Duggal K C	\$331,132
Coyle S J	\$134,525	Derendorf B K	\$149,957	Duke P C	\$180,249
Craig D	\$220,323	Desmarais G P	\$94,140	Duncan S J	\$314,804
Cram D H	\$466,817	Desmond G H	\$262,260	Dunford D A	\$61,058
Craton N	\$80,399	Deutscher R	\$298,376	Dupont J O (4)	\$742,227
Crawford D	\$234,059	Dhalla S S	\$1,043,322	Duval R	\$134,461
Cristante L	\$465,134	Dhanjal P	\$151,465	Dyck D R (2)	\$428,467
Cross H G	\$63,004	Diamond H D	\$356,654	Dyck G H	\$422,095
Cross R	\$266,609	Dias E M	\$124,415	Eaglesham H (2)	\$754,678
Crow F M	\$74,319	Dillon J D	\$206,007	Ebbeling-Trean L	\$175,776
Cumming G	\$66,055	Dionne C	\$268,997	Egan M M	\$207,694
Cummings M L	\$258,437	Dissanayake D	\$235,405	Eggertson D	\$264,971
Cyr-Hornick A	\$196,826	Dittbener K	\$134,077	Ekens M B	\$216,237
Czapinski J E	\$148,929	Divekar A A	\$143,774	El-Gabalawy H S	\$84,022
Czapinski K	\$249,486	Dizon A M	\$140,343	Eleff M K	\$131,287
Czamecka M M	\$163,879	Doak G J	\$221,114	Elhefnawi E	\$224,950
Czamecki W (1)	\$484,231	Doerner E	\$326,125	Elkin J	\$253,056

Explanatory Notes:

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Manitoba Health Services Insurance Plan

The Public Sector Compensation Disclosure Act

Schedule of Payments for Fiscal Year Ended March 31, 2005 (Continued)

Elkin M S	\$285,970	Frame H	\$215,265	Goldberg N	\$290,741
Elkin M	\$125,458	Francois J M G	\$73,224	Goldenberg D	\$377,782
Elliott J	\$188,483	Fraser D B	\$63,017	Gomori A J	\$159,767
Elves E	\$412,833	Fraser M B	\$220,908	Gonzalez-Pino F	\$131,579
Emblil J M A	\$394,728	Fraser V H	\$182,616	Goodman A E	\$77,700
Emery C	\$183,768	Fraser-Roberts D L	\$89,369	Gool T H	\$627,149
Eng S	\$261,279	Frechette C	\$85,444	Gool T L	\$631,121
Engel C	\$367,514	Frederick D V	\$56,529	Goossen M	\$490,282
Engel J S	\$358,762	Fredette P	\$176,342	Gordon J	\$324,824
Engel M	\$63,702	Freedman J I	\$406,003	Gordon W L	\$115,517
Engelbrecht J F	\$216,796	Friesen F R	\$106,415	Gorski B A	\$512,132
Engelbrecht S	\$227,297	Friesen J	\$325,021	Gould L F	\$292,133
Enns J P	\$374,661	Friesen J A	\$58,514	Govender P	\$266,629
Enns M W	\$97,011	Friesen K L	\$165,353	Goytan M J	\$374,365
Erhard P	\$334,367	Friesen R M	\$251,475	Grabowski J L	\$299,001
Eschun G M	\$131,024	Froese W	\$317,864	Grace K J	\$186,863
Esfahani F	\$294,742	Frohlich A M	\$339,667	Graham B	\$57,267
Esmall A	\$475,420	Fuchs G R	\$330,969	Graham C R	\$103,058
Esquivel A	\$192,011	Fung H	\$236,247	Graham K	\$165,990
Esser C M	\$51,418	Funuiye H	\$109,259	Graham M R	\$197,123
Ethans K D	\$69,892	Fuzeta G	\$162,729	Graham R	\$87,878
Ethans T	\$121,191	Gabriel M	\$227,509	Graves D F	\$124,410
Evans D R	\$99,038	Galessiere P F	\$481,082	Gray M G	\$270,740
Evans M J	\$74,772	Gallimova L	\$116,708	Greenberg C R	\$89,414
Ewert F J	\$315,609	Gall R M	\$334,713	Greenberg H M	\$163,048
Fair S E	\$132,571	Gallagher K	\$109,953	Greene R E	\$155,494
Falconer C W	\$61,764	Garba S	\$414,086	Grenier D	\$90,079
Falconer T	\$55,161	Garber L	\$357,062	Greyling J	\$82,587
Fast H	\$204,576	Garber P J	\$146,359	Griffin P	\$190,216
Fast M D	\$507,442	Gard M A	\$167,563	Griggs G	\$188,722
Feasey D	\$82,808	Gard S	\$258,908	Grimes R B	\$127,088
Felersstein M	\$176,926	Gauthier S W	\$67,402	Grobler W P	\$230,493
Fine A (3)	\$579,381	Geddes J S	\$88,289	Groenewald L H	\$54,169
Finlayson N A	\$146,442	Gerber J D W	\$230,360	Groves L	\$262,240
Finney B A G	\$198,650	Gerstner T V	\$261,653	Guijon F B	\$216,367
Fisher M	\$64,009	Gertenstein R J	\$406,431	Gupta C K	\$394,670
Fishman L	\$303,387	Giannouli E	\$162,167	Gupta D K	\$756,468
Fitzgerald M	\$240,323	Giesbrecht D R	\$253,229	Guzman R	\$390,592
Fitzsimon J	\$88,176	Giesbrecht J E	\$160,898	Gwozdecki T M	\$279,825
Flattery P M	\$95,362	Gildenhuys M M	\$104,938	Ha F T	\$214,687
Fleisher M L	\$87,349	Gill E	\$215,718	Ha M	\$113,259
Fleming F L	\$116,046	Gillespie B	\$734,065	Haberman C J	\$172,397
Fletcher C W	\$236,604	Gillespie J L	\$199,483	Haggard G G	\$209,001
Foerster D R	\$197,717	Gingerich R	\$67,557	Hai M A	\$262,481
Fogel R B	\$89,156	Girard J	\$303,311	Haiart D C	\$336,904
Fong H	\$181,558	Glacken R P	\$245,024	Hajidiacos N	\$73,844
Fontigny N J	\$249,521	Glenn D M	\$110,293	Haligowski D	\$190,876
Fougere G A	\$80,973	Glezerson G	\$419,655	Hall A D	\$196,211
Fourie C F	\$111,457	Globerman D J	\$172,408	Hall B A	\$81,457
Fourie H	\$190,361	Gobeil J J G	\$124,882	Hall P F	\$141,177
Fourie T	\$218,091	Godlewski E J	\$145,723	Hallatt D	\$151,299
Fournier M R	\$97,649	Godlewski W	\$492,084	Hamedani R	\$246,554
Fox J D	\$159,945	Goerz P G	\$133,069	Hameed K A	\$313,319

Explanatory Notes:

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Manitoba Health Services Insurance Plan

The Public Sector Compensation Disclosure Act

Schedule of Payments for Fiscal Year Ended March 31, 2005 (Continued)

Hamideh F	\$194,235	Holder F	\$242,912	Johnson C	\$157,881
Hammond G W	\$84,074	Holland-Muter E	\$206,066	Johnson D	\$440,229
Hampton C S	\$74,533	Holmes C	\$128,282	Johnson E	\$406,785
Hancock B J	\$182,367	Holroyd D	\$50,690	Johnson H	\$127,167
Hanks G A	\$58,660	Holt S C	\$184,623	Johnson M G	\$351,388
Hanlon-Deerman A C	\$104,113	Homik L	\$592,376	Johnston C	\$54,383
Hanmiah R	\$150,511	Honiball J J	\$247,061	Johnston J B	\$156,006
Hansen J G	\$229,939	Hooper W M	\$245,824	Johnston J L	\$131,449
Harding G K M	\$113,069	Home D	\$258,730	Jolly K S	\$414,311
Hardy B	\$290,257	Hosegood G	\$73,597	Joshi C N	\$99,413
Harley M J	\$201,996	Hosking D	\$411,374	Joshi D A	\$127,207
Harms S	\$317,874	Houston D S	\$69,451	Joshi J N	\$308,027
Harrington J	\$149,584	Howden W A	\$275,982	Joshua J M	\$175,345
Harris P	\$626,376	Hoy M L	\$183,216	Joundi M G	\$263,355
Harrison W D	\$242,821	Hrabarchuk B	\$282,112	Jovel R E	\$153,674
Hartley D M	\$277,064	Huebert D M	\$394,047	Jowett A	\$315,630
Hasan M	\$56,473	Huebert H T	\$214,840	Junaid A	\$222,053
Haseeb S	\$65,056	Hughes P M	\$186,677	Kabani A M	\$165,999
Hassan W F	\$268,291	Hugo W L	\$66,761	Kadambi D R	\$103,337
Hawaleshka A	\$189,309	Humphreys K M	\$356,368	Kaethler W	\$324,105
Hayakawa J	\$135,267	Hurst L D	\$238,780	Kahanovitch D	\$261,132
Hayakawa T E	\$399,456	Husarewycz S	\$376,614	Kaita K D E	\$194,461
Hayday R P	\$454,808	Hussain M I	\$528,207	Kalansky G	\$209,345
Hayward R J	\$447,734	Hutfluss G J	\$354,856	Kalicsinsky C	\$222,080
Hechtenthal N	\$203,646	Ibbitt C J	\$213,308	Kania J	\$406,211
Hedden D R	\$388,659	Ilchyna D C	\$228,426	Kanji R	\$225,434
Hedden J R	\$190,595	Iliffe G D	\$184,512	Kaprowy R	\$266,751
Heese H	\$91,392	Ilnyckyj A	\$159,404	Karllick F	\$239,443
Heidenreich W	\$145,634	Ilse W K	\$262,528	Karpinski M E	\$170,485
Helewa M E	\$412,841	Ingimundson J C	\$188,171	Karvelas J	\$187,679
Helms J B	\$384,472	Inglis D	\$335,682	Kashour T S	\$486,776
Henderson B	\$58,358	Ingram P F	\$194,579	Kasper K D	\$179,334
Henderson C	\$68,785	Intrater H	\$248,220	Kassler K	\$526,606
Henderson L P	\$102,901	Ip A	\$251,737	Kassum D	\$55,635
Henning J W	\$269,685	Iqbal B	\$66,518	Kati A A	\$207,464
Henry D W	\$71,641	Irving J E	\$328,015	Katz L	\$173,303
Henry S F (3)	\$707,967	Isaac C	\$184,591	Katz P	\$156,367
Herd A	\$121,572	Isaacs R L	\$197,172	Kaufman R	\$94,527
Herman G	\$63,310	Israels S J	\$50,698	Kaushal R D	\$197,522
Hershberg D M	\$178,820	Jacob V C	\$831,017	Kayler D E	\$530,667
Hershfield E S	\$89,245	Jaeger C	\$216,760	Keddy-Grant J	\$136,602
Heywood M	\$386,980	Jain M	\$484,090	Kehler T	\$77,573
Hiebert T	\$71,953	Jain N K	\$60,493	Kelleher B E	\$218,287
Hildahl C	\$318,030	James J M	\$354,848	Kellen P	\$176,389
Hildahl W	\$76,638	Janzen L	\$86,196	Kellen R I	\$529,136
Hilderman L	\$154,332	Jason M	\$310,901	Kemkaran K	\$232,181
Hildes Ripstein G E	\$78,133	Jebamani S	\$155,138	Kepron W	\$201,862
Hitchon C	\$160,960	Jeffery J R	\$97,916	Kerr L	\$79,042
Hobbs C L	\$70,597	Jensen B	\$62,101	Kerr P D	\$280,769
Hobson D E	\$385,877	Jensen C W B	\$89,793	Kettler J J	\$71,751
Hodge S A	\$279,040	Jensen W L	\$124,918	Kettner A	\$137,271
Hoepfner W T	\$154,661	Jeyakumar A S	\$383,579	Khan A H	\$306,664
Hoff H R	\$177,865	Johannesson T	\$113,128	Khan A	\$144,192

Explanatory Notes:

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Manitoba Health Services Insurance Plan

The Public Sector Compensation Disclosure Act

Schedule of Payments for Fiscal Year Ended March 31, 2005 (Continued)

Khan N A	\$116,560	Krocak T J	\$250,466	Lee J J Y	\$638,661
Khan N M	\$338,171	Kroeker L R	\$330,351	Lee L	\$69,306
Khan T A	\$215,496	Kroeker M A (2)	\$2,141,408	Lee S	\$543,380
Khan-Frechette S C	\$101,733	Kroft C D L	\$82,922	Lee T J	\$228,911
Khandelwal A S	\$323,556	Krongold I (2)	\$1,200,019	Lee T W	\$376,420
Khelli A I	\$268,888	Kruger P P	\$295,723	Lee V K	\$477,129
Khusi S	\$169,650	Kruk R D	\$234,553	Lee-Kwen J	\$261,256
Kimelman A L	\$98,743	Kryger M	\$164,985	Lee-Wing M W	\$472,902
Kindle G F	\$386,461	Krzyzaniak K M	\$168,699	Leen D A	\$321,935
King T D	\$58,369	Kuchera M	\$51,255	Lefevre G R	\$260,997
Kinnear D	\$269,418	Kucparic P	\$186,988	Lei B T C	\$287,875
Kinsner J M	\$156,300	Kuegle P F X	\$267,817	Leicht R	\$715,603
Kippen R N	\$282,040	Kumar A	\$264,695	Leitao D J	\$101,815
Kirkpatrick I D C	\$98,709	Kwon M	\$140,084	Leloka C M	\$66,303
Kirshner A	\$114,376	Kyeremateng D	\$216,326	Lemoine G G	\$246,764
Kish S L	\$185,956	Labella L	\$111,756	Lemon P W	\$325,208
Kisil D	\$61,053	Lage K L	\$143,566	Lerner N	\$233,714
Kjernisted K D	\$124,034	Lagowski M C	\$235,786	Leslie H	\$51,061
Klaponski S	\$82,284	Lam C C	\$131,057	Letkeman R C	\$108,988
Klassen D H	\$183,100	Lam D S C	\$155,582	Letts K	\$54,886
Klassen N F	\$274,166	Lam H P	\$178,826	Leung W M	\$145,771
Klassen O	\$177,692	Lamb J A	\$97,907	Leung Shing L P	\$241,150
Kliwer K	\$204,690	Lamba K S	\$145,842	Levesque J	\$59,285
Klippenstein N L	\$412,419	Lambrechts H	\$185,714	Levi C S	\$389,891
Klym K L	\$84,424	Lander D A	\$82,064	Levin B L	\$361,606
Klym K	\$90,399	Lander M	\$99,198	Levin H	\$277,544
Koczanski R	\$147,552	Lane E S	\$220,916	Levy S B	\$229,621
Koensgen S J	\$95,463	Lane M A	\$77,965	Lezack J D	\$335,951
Koh C	\$120,081	Lang C	\$281,016	Li W	\$163,778
Kolt A M	\$86,438	Langan J T	\$354,345	Lieberman D K	\$205,472
Komenda B W	\$235,786	Langridge J K	\$223,326	Lim F	\$413,043
Komosky J	\$155,810	Large G	\$244,845	Lim P	\$138,380
Kong A M C	\$250,188	Larue L B	\$201,333	Lindenschmidt R	\$288,728
Koodoo S R	\$222,462	Lategan B	\$239,088	Lindquist L (2)	\$439,507
Korol G	\$473,658	Latosinsky S	\$188,873	Lindsay D J	\$540,179
Kotecha Y	\$303,491	Lau Y	\$320,714	Lindsay G M	\$261,132
Koulack J	\$555,418	Laurencelle R	\$66,150	Lines A J	\$51,337
Kousonsavath R	\$144,815	Lautatzis M (2)	\$503,945	Lint D W	\$80,019
Koven S	\$163,353	Lautenschlager E	\$60,863	Lipinski G	\$265,186
Kovnats S	\$66,382	Lavallee B	\$52,696	Lipnowski S	\$454,741
Kowalchuk I J	\$273,549	Lawrence P H	\$393,073	Lipschitz J	\$488,725
Kowalski S	\$196,816	Lazar M H	\$252,370	Lipson A H	\$165,137
Krahn C	\$267,862	Le Roux B J	\$634,439	Littleford J A	\$257,914
Krahn J	\$315,609	Le Roux C	\$63,541	Lo E	\$54,721
Krahn M	\$123,136	Le Roux P C	\$125,271	Loader K	\$249,812
Kraitberg N J	\$65,358	Leader E	\$55,961	Lockman L E	\$396,190
Kramer M	\$123,956	Lebedin W W	\$310,592	Lodewyks G A F	\$82,648
Kraut A	\$66,510	Leboldus L A	\$144,736	Loepp C	\$132,545
Kredentser J	\$177,890	Lecuyer N S	\$133,704	Lofgren S R	\$132,842
Kredentser S	\$196,256	Lee B D	\$75,767	Logan A C	\$433,455
Kremer S	\$74,016	Lee F F	\$342,737	Loh C C	\$106,663
Kreml J	\$217,756	Lee G Q	\$159,375	Loiselle J A	\$295,996
Krepart G	\$227,850	Lee H B	\$349,390	Long A L	\$1,076,352

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Manitoba Health Services Insurance Plan

The Public Sector Compensation Disclosure Act

Schedule of Payments for Fiscal Year Ended March 31, 2005 (Continued)

Longstaffe A E	\$203,838	Maier R J	\$142,119	McQuarrie S L	\$58,987
Longstaffe S	\$161,854	Major P (2)	\$604,505	McQueen J C	\$53,201
Lopez G	\$52,596	Maksymiuk A W	\$137,417	McTaggart D L	\$154,189
Lorteau G	\$61,042	Malabanan E	\$349,153	McTavish W G	\$270,159
Lotocki R J	\$385,672	Mallick K C	\$390,393	Mehta A	\$147,813
Loudon M	\$142,481	Manishen W J	\$232,519	Mehta P G	\$408,122
Louridas G	\$393,159	Manness R C	\$145,077	Mellon A M	\$370,015
Love H W	\$60,863	Manswell C B	\$232,467	Menard S L	\$267,503
Lowden C S	\$313,820	Manusow D	\$341,263	Menkis A H	\$80,890
Lowther G H	\$105,397	Marais F	\$138,517	Menticoglou S	\$431,838
Lu P B	\$163,792	Marantz J	\$105,289	Menzies R J	\$421,304
Lucash S E	\$168,435	Mare A C	\$268,005	Mercier N	\$152,614
Lucman L L (1)	\$1,469,737	Margolis N	\$268,748	Meredith M J	\$121,152
Lucman T S	\$67,403	Marles S L	\$57,430	Mestdagh B E	\$90,576
Lucy S	\$320,481	Marsh D W	\$185,973	Mestdagh R J	\$52,761
Ludwig L	\$123,894	Martens M D	\$65,349	Meyer A	\$52,226
Ludwig S	\$164,917	Martens R	\$243,815	Meyrowitz D	\$351,572
Luitingh U	\$94,579	Martens Barnes C	\$108,975	Mian M T	\$244,592
Luk T L	\$238,969	Martin A G	\$54,515	Micflikier A B	\$1,178,490
Lukie B J	\$261,491	Martin D	\$98,604	Milambiling E M	\$318,095
Lynch J M	\$76,506	Marx T	\$278,251	Milambiling L C	\$217,862
Lyons E A	\$447,199	Matas M	\$139,494	Millar T	\$80,110
Lysack A M	\$336,064	Mathen M K	\$557,580	Miller A	\$285,774
Lysack D A	\$236,234	Mathew G	\$140,822	Miller D M	\$315,297
Mabin D	\$444,443	Mathieson A L	\$236,399	Miller T L	\$182,884
MacDiarmid A L	\$108,104	Mathison T L	\$152,568	Mills B J	\$221,968
MacDonald N	\$241,268	Matsubara T K	\$283,250	Milner J F	\$518,190
MacDonald P	\$323,392	Matthew T	\$331,583	Milner T G (1)	\$1,114,727
MacDougall B	\$121,068	Maxin R	\$53,185	Mina M M F	\$163,927
MacDougall E	\$130,708	Maxwell B	\$105,766	Mink S	\$67,937
MacDougall G	\$363,615	Maxwell I	\$253,890	Minnaar J	\$204,642
MacEachern N	\$287,622	Mayba I I	\$209,891	Mintz S L	\$71,231
Macek R K W	\$235,721	Mayba J I	\$518,550	Minuk E	\$153,246
MacFarlane C	\$272,239	Maycher B	\$367,922	Minuk G	\$57,439
MacIntosh E L	\$276,902	McCammon R J	\$136,177	Miranda G	\$64,269
Mackalski B A	\$220,312	McCarthy G F	\$600,377	Mis A A	\$343,744
Mackay M J	\$72,395	McCarthy T G	\$442,773	Miskiewicz L M	\$99,317
Mackay Michael J	\$95,651	McClarty B	\$419,277	Mittal S	\$70,990
Mackenzie G S	\$237,615	McConnell M	\$288,403	Moddemann D	\$141,829
Mackenzie S K	\$92,908	McCullough D W	\$114,102	Mohamdee J F	\$146,454
Macklem A K	\$326,347	McCusker P	\$56,583	Mohammed I	\$271,738
Macleod B A	\$195,600	McDowell J D	\$170,976	Moharib N	\$67,346
Macmahon R	\$220,014	McFadden L R	\$304,181	Moltzan C	\$130,340
Macmillan M B	\$250,426	McGinn G	\$624,156	Momoh J T	\$399,088
Macrodimitis A G	\$195,176	McGowan A	\$103,236	Moncek J A	\$330,318
Magerman E W	\$158,875	McGregor B	\$68,859	Monson R C	\$252,167
Maguire D	\$310,999	McIntyre I L	\$176,319	Monteiro G E	\$328,605
Maharaj C	\$169,830	McKenzie T	\$285,654	Montgomery P	\$94,612
Maharaj G R	\$219,361	McKernan B	\$353,429	Montoedi J	\$262,233
Maharaj I G	\$358,794	McLeod J K	\$134,699	Mooney W R	\$145,231
Mahay R K	\$368,209	McNeill A M	\$227,842	Moore R F	\$89,038
Maia E	\$92,642	McPhee J	\$62,780	Moorhouse J A	\$139,830
Maier J C	\$231,506	McPherson J A M	\$211,043	Moraes F X N	\$125,169

Explanatory Notes:

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Manitoba Health Services Insurance Plan

The Public Sector Compensation Disclosure Act

Schedule of Payments for Fiscal Year Ended March 31, 2005 (Continued)

Moran De Muller K	\$466,902	Nicoll L E	\$122,870	Pederson K	\$59,802
Morgan T R	\$366,651	Nigam R	\$330,009	Pelissier R	\$82,180
Morier G S	\$92,665	Nkosi J E	\$93,558	Penner S B	\$157,020
Moroz S P	\$84,666	Noel C	\$513,675	Penrose M	\$291,247
Morris A L	\$235,801	Nugent L M	\$273,412	Perkins G	\$66,971
Morris G S	\$220,032	Nyhof H	\$274,756	Perlov J	\$123,626
Morris M	\$202,006	Nyomba B L	\$139,650	Pernack S	\$224,641
Morton P G D	\$128,531	O'Hagan D B	\$353,789	Perrett M	\$79,491
Moser M A	\$81,235	O'Keeffe K M	\$185,078	Peschken C	\$81,398
Mostert F	\$262,072	O'Sullivan M J	\$282,641	Peterdy A E (4)	\$290,273
Mould S M	\$209,853	Ochonska M	\$349,151	Peters D	\$273,686
Mowat G	\$147,028	Oelofse W	\$303,589	Peters H O	\$160,062
Mowchun L	\$91,437	Oen K G	\$70,350	Peters H	\$234,967
Mowchun N	\$201,504	Ogaranko C P	\$191,677	Peters R J	\$139,606
Muirhead B	\$214,453	Olson R L	\$194,819	Peters S M	\$60,198
Mulder J N	\$64,593	Olweny C L	\$77,766	Peterson C	\$134,871
Mulhall D	\$59,065	Olynyk F	\$110,503	Peterson J	\$279,567
Muller J G	\$87,812	Omelan C K	\$183,461	Petkau A	\$174,599
Muller T	\$307,215	Omichinski L M	\$341,547	Petrilli L A	\$72,099
Muller Delgado H A	\$306,793	Ong B Y	\$280,230	Philipp R K	\$499,572
Muncner A	\$103,088	Ong G H	\$329,390	Pickard K	\$139,192
Muncner P	\$162,057	Onotera R	\$257,865	Pickering B	\$315,969
Mundie S	\$62,726	Onyshko D J	\$247,690	Pierce G W (2)	\$1,031,980
Murphy L J	\$153,737	Ormiston J D	\$311,907	Pieterse A N	\$81,776
Murray E	\$122,681	Orr P	\$140,977	Pilat E J	\$228,862
Murray K	\$503,021	Osler F G	\$268,769	Pilkey B D	\$144,109
Murruve G N	\$290,254	Ospina-Ordonez J A	\$122,785	Pillay P G	\$243,011
Mutch W A C	\$144,370	Pachal C A	\$159,468	Pinder M	\$241,254
Myeni J	\$76,620	Pacin A	\$199,941	Pinette G D	\$162,240
Myers W E	\$4,12,827	Pacin O	\$227,540	Pinniger G W	\$188,422
Mymin D	\$117,207	Pacin S	\$213,719	Pinter A	\$64,697
Mysore M (1)	\$253,502	Padeanu D	\$129,689	Pintin-Quezada J	\$302,394
Nagara M	\$105,035	Padeanu F T	\$174,046	Pirzada M A	\$103,820
Naidoo J (1)	\$8,471,998	Padua R N	\$265,398	Plueschow M	\$52,263
Naidoo S P (1)	\$4,196,387	Paetkau D	\$268,082	Podolsky G R	\$170,628
Nair U K	\$324,236	Panaskevich T	\$506,342	Poettcker R J	\$260,521
Narrandes R	\$476,830	Pang E G	\$68,025	Polimeni C	\$118,628
Narvey E B	\$54,170	Paquin R W (2)	\$955,735	Polimeni J O	\$113,440
Nason R W	\$307,629	Parham S M	\$280,939	Pollock B	\$352,997
Naugler S	\$310,118	Parker K R	\$223,631	Poon W W C	\$199,144
Navaratnam S	\$82,734	Partap N A	\$115,833	Poplak T M	\$334,389
Nel A J	\$84,881	Partridge G	\$52,638	Popoff D	\$110,549
Neiko S	\$63,125	Pascoe E A	\$478,011	Postuma R	\$169,204
Nell A M	\$361,244	Pastorkamp H	\$97,928	Potoski J P	\$371,985
Nemeth P	\$256,996	Patel Jayshree	\$108,364	Prakash D	\$251,006
Nepon J	\$331,379	Patel Leena R	\$351,718	Prasad B	\$201,941
Neufeld H	\$108,758	Patel Praful C	\$513,103	Prenovault J	\$283,033
Newman F	\$241,227	Patel Pravin C	\$438,752	Pretorius A	\$301,833
Newman S	\$53,223	Patel R C	\$409,147	Price J	\$255,677
Nguyen H	\$55,711	Patel S V	\$174,226	Prinsloo J	\$220,076
Nguyen K M	\$245,877	Pawlak J	\$106,866	Pritchard P	\$63,666
Nguyen L	\$293,700	Peabody D	\$115,088	Prober M A	\$167,957
Nguyen M H	\$289,534	Peachell J L	\$183,355	Prodan O	\$175,703

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Manitoba Health Services Insurance Plan

The Public Sector Compensation Disclosure Act

Schedule of Payments for Fiscal Year Ended March 31, 2005 (Continued)

Psooy K J	\$142,852	Robinson W	\$179,450	Sawyer J A	\$259,607
Putnins C	\$69,116	Rocha G	\$690,890	Scatliff J	\$254,278
Puttaert D	\$98,933	Roche G	\$193,442	Schachter M A	\$112,146
Pymar H C	\$60,118	Roe B E	\$122,034	Schacter B A	\$52,244
Quan W	\$133,634	Rogozinska L	\$406,669	Schaeffer D	\$66,879
Quesada R	\$253,643	Rolls R E	\$57,421	Schaub J C	\$147,976
Raabe M A	\$681,623	Rosenthal P	\$153,398	Schellenberg D	\$118,440
Rabson J L R	\$958,404	Ross F J (1)	\$230,721	Schellenberg W C	\$315,793
Racette T	\$113,712	Ross F K	\$88,571	Schmidt B J	\$81,856
Rafiq M	\$208,182	Ross J F	\$604,397	Schneider C E	\$241,098
Rahman M	\$82,630	Ross L L	\$322,936	Schoeman H	\$230,771
Raizen M	\$78,231	Rosser S J	\$54,820	Schroeder A N (1)	\$292,167
Rajani K R	\$489,719	Rossouw J	\$221,905	Schur N K	\$304,859
Ramaya S	\$223,327	Rothova A	\$221,877	Schurmann E	\$322,155
Ramgoolam R	\$421,674	Roussin B C	\$212,800	Schwartz L D	\$75,376
Ramsay J A	\$68,768	Roux J G	\$235,096	Scott D	\$123,214
Raubenheimer J P	\$271,960	Roy M J	\$153,575	Scott J	\$358,079
Regehr J	\$185,919	Roy M	\$147,601	Scurrah J D	\$284,937
Rehal R S	\$251,056	Rubinger M	\$86,567	Seager M J	\$451,811
Rehsia D	\$622,772	Ruddock D L	\$328,671	Seftel M D	\$79,427
Reid G J	\$173,513	Rumbolt B R	\$285,970	Segstro R J	\$252,046
Reid G	\$164,498	Rusen J B	\$290,396	Seifer C M	\$154,233
Reimer D K	\$113,316	Rush D N	\$76,586	Seifer R	\$68,171
Reimer D J	\$348,363	Rush N O S	\$195,460	Seitz A R	\$235,379
Reimer H	\$306,536	Rusnak B	\$224,925	Sellers E	\$58,986
Reimer M B	\$214,496	Russell B F	\$141,615	Sen R	\$160,230
Reinecke M	\$86,599	Rust G	\$62,046	Senderewich E C	\$143,978
Reiss J P	\$66,035	Rust L	\$100,440	Sethi K	\$107,830
Rempel R G	\$123,875	Rutherford B E	\$72,263	Sethi S	\$329,894
Renner E	\$98,107	Ryall L A	\$73,628	Selt S	\$54,879
Rennie W R J	\$132,950	Ryckman B A	\$257,042	Servilla J A	\$123,829
Renouf F	\$253,758	Saad N	\$59,375	Sewell G	\$125,726
Reslerova M	\$517,913	Saadia R	\$185,324	Shah A	\$223,164
Reyncke A	\$273,172	Sabeski L M	\$287,162	Shah B	\$314,800
Rice P	\$165,112	Sachdeva R K	\$233,461	Shah N	\$113,984
Rich A D	\$254,537	Sadri D	\$262,492	Shaikh N	\$126,015
Richardson C J	\$223,682	Saettler E	\$72,815	Shane M	\$350,288
Riche B (1)	\$451,048	Sahota S S	\$55,460	Sharif M N	\$409,836
Ridley T S	\$68,152	Said P	\$67,457	Shariff F K	\$133,510
Rigatto C	\$177,178	Salamon E	\$439,372	Sharkey J B	\$355,215
Ringaert K	\$210,516	Salem F	\$458,621	Sharma S	\$211,965
Riordan P	\$90,368	Sam D X	\$178,297	Shelton L	\$93,549
Ripstein I	\$120,774	Samuels E R	\$148,293	Shelton P A	\$143,464
Ritchie B A	\$282,680	Sanders R W	\$105,153	Shepertycky M R	\$99,061
Ritchie J	\$139,626	Sandhu S S	\$78,228	Sheps M	\$153,751
Rivas J H	\$89,023	Saranchuk J W	\$65,800	Shiffman F H	\$342,241
Roberts J R	\$248,155	Sareen J	\$69,035	Shni Jer M	\$203,647
Robertson G A	\$319,610	Sareen S	\$125,576	Shojania A M	\$169,409
Robillard S C	\$131,032	Sarias E	\$68,688	Shuckett P	\$336,184
Robinson C C	\$188,895	Saunders C G (2)	\$1,278,618	Shum K C	\$214,274
Robinson D B	\$213,026	Saunders K	\$140,631	Shumsky D	\$70,470
Robinson D J	\$331,601	Savage B	\$238,922	Shunmugam R	\$475,908
Robinson J	\$469,739	Sawchuk J P	\$98,960	Sickert H G	\$150,431

Explanatory Notes:

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Manitoba Health Services Insurance Plan

The Public Sector Compensation Disclosure Act

Schedule of Payments for Fiscal Year Ended March 31, 2005 (Continued)

Sigurdson E	\$118,078	Stevens L	\$263,022	Thomson G T D	\$255,028
Sikora F J	\$223,992	Stewart G B	\$55,368	Thomson I R	\$307,262
Silagy S	\$284,934	Steyn C C	\$63,617	Thorlakson D	\$152,473
Silver N A	\$141,733	Steyn E	\$85,505	Thorlakson R H	\$156,896
Silver S	\$489,615	Stillwater R B	\$171,569	Thorlakson T K	\$52,350
Silverman R E	\$260,294	Stimpson R	\$110,071	Thottingal A P	\$99,393
Silvii-Dan F	\$62,547	Stitz M	\$134,173	Thwala A B	\$210,636
Simard-Chiu L A	\$112,760	Stocki F A	\$732,261	Ting D	\$104,049
Simm J F	\$229,245	Stone J D	\$301,285	Tober A E	\$104,333
Simmonds C B	\$99,526	Storochuk G W	\$220,189	Tobia M H	\$148,460
Simonsen J N	\$55,627	Stoykewych A A	\$53,414	Toews H A	\$169,975
Simonson D W	\$179,384	Suciu V	\$67,735	Toews K A	\$223,167
Singer M	\$128,474	Sud A K	\$593,242	Tole G D	\$54,888
Singer R	\$173,823	Sullivan M	\$100,647	Tomchuk E	\$354,519
Singh A	\$299,906	Suski L	\$50,555	Tomy H	\$193,720
Singh G B	\$452,357	Suss R	\$79,708	Tomy P	\$251,771
Singh J	\$139,055	Susser M	\$201,420	Toole J	\$322,048
Singh M	\$270,144	Sutherland D E	\$210,986	Trainor J M (1)	\$5,657,317
Sinha M	\$364,201	Sutherland E N	\$187,693	Tran C P	\$271,725
Sinha S N	\$511,875	Sutherland J G	\$153,174	Travis A L	\$56,982
Skakum K K	\$127,515	Sutherland S	\$301,560	Tsang D	\$368,999
Skead L	\$373,253	Sutter J A	\$270,918	Tsang K F M (1)	\$257,141
Sloan G	\$174,381	Sutton I R	\$289,848	Tse W C	\$191,309
Smart J R A	\$261,028	Svorkdal N J	\$290,892	Tsuyuki S H (2)	\$506,428
Smil E	\$201,911	Swain V J	\$66,118	Tulloch H V	\$102,267
Smith D D	\$154,920	Swartz J	\$243,387	Turabian M	\$248,145
Smith H W E	\$500,264	Sweetland R	\$100,168	Turner D R	\$365,136
Smith L F	\$481,107	Swenarchuk G	\$58,615	Turner R B	\$357,861
Smith R G	\$206,488	Syslak W B	\$356,670	Ulliyot G L E	\$176,558
Smith R W	\$258,119	Szajkowski S	\$219,589	Ulliyot S	\$273,620
Snovida L	\$192,051	Tadros I	\$163,613	Unruh H W	\$370,480
Sochocka E K	\$356,379	Tam J W	\$117,233	Uys G	\$138,629
Sokal J E M	\$155,645	Tan L	\$330,269	Uys T	\$251,506
Sokolowski D	\$273,622	Tang-Wai R	\$378,746	Vajcner A F	\$154,147
Sommer H M	\$158,880	Tanner J	\$231,983	Van Alstyne M	\$402,989
Soni N R	\$144,486	Taraska V	\$546,571	Van Arneyde K	\$142,532
Soni S D	\$171,252	Taraska Victoria	\$295,753	Van De Velde R	\$78,104
Spanihel J J	\$84,299	Targownik L E	\$193,370	Van Gend R	\$237,150
Speer M	\$206,153	Taylor H R	\$374,467	Van Heerden J	\$229,845
Srichandra W	\$233,615	Taylor M C	\$182,848	Van Home W A	\$237,902
St John P D	\$87,236	Taylor P D	\$58,356	Van Jaarsveldt W	\$372,073
St Vincent A	\$250,569	Taylor S N	\$398,775	Van Niekerk E	\$264,250
Stanko L	\$280,739	Tenenbein M	\$99,389	Van Niekerk S	\$71,670
Starzecki B	\$107,506	Terry W F	\$126,608	Van Rensburg C J	\$244,955
Stearns E	\$322,316	Teskey J	\$73,768	Van Rensburg D A J	\$360,100
Stecher R D	\$167,663	Thayaparan J	\$79,419	Van Rensburg N J	\$260,017
Stedman N	\$56,790	Theodore G M	\$272,183	Van Rensburg N	\$247,606
Steigerwald R	\$123,152	Therrien D J	\$71,820	Van Rensburg P D J	\$316,546
Steinberg F	\$66,963	Thiessen M N	\$249,128	Van Rooyen G	\$296,647
Steinberg R J	\$139,446	Thiessen R J	\$51,813	Van Rooyen M L	\$322,679
Stelzer J	\$197,470	Thille S M	\$106,374	Vandenberg W L	\$99,317
Stenhouse J K	\$105,989	Thompson R A	\$50,724	Vanderwert R T	\$64,982
Stephensen M C	\$254,668	Thompson T R	\$184,682	Varma A	\$373,887

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Manitoba Health Services Insurance Plan

The Public Sector Compensation Disclosure Act

Schedule of Payments for Fiscal Year Ended March 31, 2005 (Continued)

Vasconcelos J A	\$254,821	Wilson G J	\$102,868
Vattheuer A	\$55,908	Wilson G P	\$249,552
Vattheuer F B	\$204,546	Wilson M (2)	\$635,579
Venter H L	\$174,596	Winistok W	\$113,913
Verbeek R O	\$185,305	Winogrodzka C	\$275,695
Verma M R	\$209,625	Winzowski T	\$70,092
Verrilli M	\$509,110	Wirch M F	\$127,786
Vianzon C S	\$347,652	Wiseman D G H	\$196,689
Vickar E L	\$205,628	Wiseman M C	\$388,667
Vijay R	\$256,377	Wiseman N	\$292,687
Violago F	\$236,834	Woelk C	\$239,211
Vipulananthan M	\$96,112	Wolfe K B	\$206,336
Vipulananthan V	\$91,180	Wolner G P	\$221,161
Visch S H R	\$117,481	Wong H	\$278,078
Visser G	\$365,690	Wong R P W	\$234,231
Visser H B	\$70,629	Wong S W C	\$415,626
Voyer D	\$58,860	Wong S G	\$131,889
Wakeman M S	\$123,937	Wong T	\$158,852
Waldman J C	\$197,814	Woo C	\$267,096
Wallace S E	\$187,758	Woo N	\$275,951
Walli J E	\$367,731	Woo V C	\$442,404
Wang J	\$395,908	Woods A K	\$209,217
Warda L J	\$78,152	Woolf C I	\$76,921
Warraich N	\$98,115	Wozney L R	\$145,509
Warren C P W	\$235,046	Yaffe C	\$537,158
Warrian R K	\$432,521	Yale R	\$105,478
Warrian W G	\$76,879	Yamamoto K	\$297,982
Warrington R	\$147,649	Yamsuan M	\$271,061
Waters W R	\$225,896	Yanofsky R	\$53,251
Watson W T A	\$151,508	Yaren S	\$121,386
Watters T	\$54,252	Yeung C	\$267,551
Webb S	\$110,867	Yip B	\$225,004
Weidman M L	\$287,912	Young B C	\$60,583
Weirich M K	\$282,338	Young D	\$54,454
Weizman S	\$256,474	Young J	\$111,966
Welch G J	\$197,725	Young M R	\$181,596
Wenier J	\$272,851	Young R S	\$180,931
White B K	\$90,209	Yuen C K	\$285,884
White O J	\$404,922	Yung G S	\$98,563
White S	\$63,745	Zacharias G W	\$271,577
White V P	\$53,805	Zacharias J (3)	\$341,463
Whittaker E	\$96,368	Zaki M F	\$350,453
Wiebe K L	\$55,439	Zarineh A	\$77,747
Wiens A V	\$337,030	Zeiler F	\$424,624
Wiens J J	\$429,516	Zetarak M	\$87,221
Wiens J L	\$535,958	Ziesmann M	\$644,646
Wiesenthal B D	\$150,040	Zimmer K W	\$236,489
Wiesenthal Z	\$241,265	Zloty R B	\$58,763
Wightman H R (1)	\$3,467,607	Zurbyk R	\$58,504
Wightman N A	\$189,589		
Willemse P	\$745,126		
Williamson D	\$90,040		
Willows J R	\$154,546		

Explanatory Notes:

- (1) Director of a laboratory facility. Services may be provided by a group of practitioners, but are billed in the name of a single practitioner for administrative efficiencies. (See page 113 for list of facilities).
- (2) Director of a radiology facility. Services may be provided by a group of practitioners, but are billed in the name of a single practitioner for administrative efficiencies. (See page 114 for list of facilities).
- (3) Billings for Dialysis services representing the work of more than one physician. (See page 115 for list of facilities).
- (4) Director of a nuclear medicine facility. Services may be provided by a group of practitioners, but are billed in the name of a single practitioner for administrative efficiencies. (See page 115 for list of facilities).

Manitoba Health Services Insurance Plan
The Public Sector Compensation Disclosure Act
Schedule of Payments for Fiscal Year Ended March 31, 2005 (*Continued*)

Laboratory Directors and Facilities

Czarnecki W	Manitoba Clinic
Lucman L	Provencher Medical Diagnostic Laboratory Winnipeg Clinic
Milner T G	Western Medical Clinic The Brandon Clinic
Mysore S M	Abbott Clinic
Naidoo J	Central Medical Laboratory
Naidoo S	Southwood Laboratory Unicity Lab Services-McPhillips Street
Ross F J	Park West Medical Centre
Schroeder A N	15-2727 Portage Ave
Trainor J M	Medical Arts Building Windsor Park Medical Centre Lakewood Medical Centre
Tsang K F M	Norlyn Lab Service
Wightman H R	Assiniboine Clinic Lab

Manitoba Health Services Insurance Plan

The Public Sector Compensation Disclosure Act

Schedule of Payments for Fiscal Year Ended March 31, 2005 *(Continued)*

Radiology Directors and Facilities

Brooker G	Abbott Clinic
Boult Ian F	Winnipeg Radiology Consultants - Medical Arts Building Winnipeg Radiology Consultants - Charleswood Clinic Winnipeg Radiology Consultants - Markham Professional Centre
Cleghorn G M	Lakewood Medical Centre McGreggor Medical Centre Westbrook Medical Centre Mall Medical Group
Coueslan G W	The Brandon Clinic Clement Block Xray
Dyck D R	Boundary Trails Health Centre
Eaglesham H	Manitoba Xray Clinic - Elmwood Branch Manitoba Xray Clinic - Westwood Portables Hollenberg Associates Medical Group
Kroeker M A	Manitoba X-Ray Clinic - MRI Manitoba X-Ray Clinic - Tache Branch
Krongold I	Kaprowy & Associates Drs. Assiniboine Clinic Seven Oaks Medical Centre Norlyn X-Ray Lab
Lautatzis M	Boyd X-Ray Clinic Legacy X-Ray Seven Oaks X-Ray Clinic
Lindquist L	Linquist Medical Corporation-Radiology Consultants of Wpg Winnipeg Clinic
Major P	Paul A Major Medical Corporation- Radiology Consultants of Wpg
Paquin R W	Transcona Clinic Xray Metro Xray Clinic - Rothesay Metro Xray Clinic - McPhillips
Pierce G W	Manitoba Xray Clinic - Westwood Branch Silver Heights Medical Clinic
Saunders C G	Diagnostic Services Division Manitoba X-Ray Clinic
Tsuyuki S H	St. Boniface Clinic
Wilson M	Manitoba X-Ray Clinic - Misericordia Care Centre

Manitoba Health Services Insurance Plan
The Public Sector Compensation Disclosure Act
Schedule of Payments for Fiscal Year Ended March 31, 2005 (*Continued*)

Dialysis Directors and Facilities

Allan, D R	Health Sciences
Bernstein K	Health Sciences Centre & Seven Oaks
Fine A & Henry, S F	St. Boniface General Hospital
Riche, B	Brandon General Hospital

Zacharias, J

Local Centres

Dauphin General Hospital
Flin Flon General Hospital
Lakeshore General Hospital
Morden Hospital
Norway House Hospital
Pine Falls Hospital
Portage la Prairie Hospital
Selkirk General Hospital
The Pas Health Complex
Thompson General Hospital

Nuclear Medicine Directors and Facilities

Dupont J O	Nuclear Medicine Consultants Winnipeg Clinic – Nuclear Medicine St. Boniface Hospital- Nuclear Medicine
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Peterdy A E	Brandon
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APPENDIX I

SUMMARY OF STATUTES RESPONSIBILITY - MINISTER OF HEALTH

THE AMBULANCE SERVICES ACT (A65)

- Regulates ambulance services and ambulance personnel.

THE ANATOMY ACT (A80)

- Provides for the appointment of an Inspector of Anatomy and sub-inspectors.
- Sets out who is entitled to claim a body.
- Regulates what can and cannot be done with bodies that are not claimed.

THE CANCERCARE MANITOBA ACT (C20)

- Creates CancerCare Manitoba and provides it with the authority to deliver programs related to the prevention and treatment of cancer.

THE DENTAL ASSOCIATION ACT (D30)

- Allows the Manitoba Dental Association to regulate the practice of dentistry in Manitoba.

THE DENTAL HEALTH WORKERS ACT (D31)

- Allows dental health workers such as dental hygienists to be registered so that they can provide services under *The Dental Health Services Act*.

THE DENTAL HEALTH SERVICES ACT (D33)

- Allows the Minister of Health to make arrangements to provide preventive and treatment dental services to certain persons designated by the Lieutenant Governor in Council. There is currently no program established under this Act.

THE DENTURISTS ACT (D35)

- Authorizes The Denturists Association to regulate denturists in Manitoba.

THE ELDERLY AND INFIRM PERSONS' HOUSING ACT (E20)

(Except with respect to elderly persons' housing units as defined in the Act)

- Governs the establishment of housing accommodation for the elderly or infirm.

THE DEPARTMENT OF HEALTH ACT (H20)

- Provides certain authority for the Minister of Health to appoint senior management and to be an ex-officio member of the board of any health care institution receiving funding from the Department.
- Specifies remedies of government in cases where expenses are incurred but not paid by the person incurring the expense and the expense becomes a liability of government.

THE DISTRICT HEALTH AND SOCIAL SERVICES ACT (H26)

- Governs the establishment and operation of health and social services districts.
- No new health and social services districts have been established since the enactment of *The Regional Health Authorities Act*.

THE HEALTH SERVICES ACT (H30)

- Governs the establishment and operation of hospital districts.
- No new hospital districts have been established since the enactment of *The Regional Health Authorities Act*.

THE HEALTH SERVICES INSURANCE ACT (H35)

- Governs the administration of the Manitoba Health Services Insurance Plan in respect of the costs of hospital services, medical services, personal care services and other health services.

THE HEARING AID ACT (H38)

- Provides for a Hearing Aid Board to licence hearing aid dealers and deal with complaints.

THE HOSPITALS ACT (H120)

- Relates to the operation of hospitals except for private hospitals.

THE HUMAN TISSUE GIFT ACT (H180)

- Regulates organ and tissue donations in Manitoba.
- Designates "human tissue gift agencies" that are to be notified when a person has died or is about to die.

THE LICENSED PRACTICAL NURSES ACT (L125)

- Authorizes the College of Licensed Practical Nurses of Manitoba to regulate licensed practical nurses.

THE MEDICAL ACT (M90)

- Authorizes the College of Physicians and Surgeons of Manitoba to regulate medical practitioners.

THE MANITOBA MEDICAL ASSOCIATION DUES ACT (M95)

- Requires the payment of dues by members and non-members of the Manitoba Medical Association.

THE MENTAL HEALTH ACT (M110)

(S.M. 1998, c. 36) (except Parts 9 and 10 and clauses 125(l) (i) and (j))

- Governs voluntary and involuntary admission of patients to psychiatric facilities and the treatment of patients in such facilities.
- Governs the appointment and powers of Committees for persons who are not mentally competent.

THE MIDWIFERY ACT (M125)

- Authorizes the College of Midwives of Manitoba to regulate midwives.

THE OCCUPATIONAL THERAPISTS ACT (05)

- Authorizes the Association of Occupational Therapists of Manitoba to regulate occupational therapists.

THE PERSONAL HEALTH INFORMATION ACT (P33.5)

- Protects personal health information in the health system in Manitoba.
- Establishes a common set of rules governing the collection, use and disclosure of personal health information that emphasize the protection of the information while ensuring that necessary information is available to provide efficient health services.

THE PHARMACEUTICAL ACT (P60)

- Authorizes the Manitoba Pharmaceutical Association to regulate pharmacists and pharmacies.
- Allows for the establishment and maintenance of a provincial drug formulary.

THE PHYSIOTHERAPISTS ACT (P65)

- Authorizes the College of Physiotherapists of Manitoba to regulate physiotherapists.

THE PODIATRISTS ACT (P93)

- Defines the practice of podiatry and provides for the regulation of the profession, including:
 - the continuation of the Association of Chiropodists as the College of Podiatrists of Manitoba;
 - the establishment of a governing council of at least six persons, of whom at least one-third must be public representatives; and
 - the registration of podiatrists;
 - a complaints and discipline process;
 - the making of regulations and by-laws.

THE PRESCRIPTION DRUGS COST ASSISTANCE ACT (P115)

- Governs the operation and administration of the provincial drug benefit program.

THE PRIVATE HOSPITALS ACT (P130)

- Governs the licensing and operation of private hospitals.
- There are no private hospitals currently operating in Manitoba.

THE PROTECTION FOR PERSONS IN CARE ACT (P144)

- Requires the mandatory reporting of abuse or potential abuse of patients in hospitals or residents in personal care homes except those who are children or who are vulnerable persons in which case different legislation applies.
- Allows for the investigation of such reports, the giving of ministerial directions for actions to protect patients, or residents, and for the prosecution of offences.
- Provides protection from employment action and from interruption of service for persons who make a report in good faith under the Act.

THE PUBLIC HEALTH ACT (P210)**

- Provides the powers and authority necessary to support public health programs and to allow for proper enforcement of public health regulations.

**** (Excluding the responsibility for Bedding, Upholstered and Stuffed Articles Regulation (Manitoba Regulation 333/88R) under *The Public Health Act*, which is assigned to the Minister of Finance.)**

THE REGIONAL HEALTH AUTHORITIES ACT (R34)

- Governs the administration and operation of regional health authorities.

THE REGISTERED DIETITIANS ACT (R39)

- Authorizes the Manitoba Association of Registered Dietitians to regulate registered dietitians.

THE REGISTERED NURSES ACT (R40)

- Authorizes the College of Registered Nurses of Manitoba to regulate registered nurses.

THE REGISTERED PSYCHIATRIC NURSES ACT (R45)

- Authorizes the College of Registered Psychiatric Nurses of Manitoba to regulate registered psychiatric nurses.

THE REGISTERED RESPIRATORY THERAPISTS ACT (R115)

- Authorizes the Manitoba Association of Registered Respiratory Therapists to regulate respiratory therapists.

THE SANATORIUM BOARD OF MANITOBA ACT (S12)

- Creates The Sanatorium Board of Manitoba for the purpose of enhancing the care and treatment of persons with respiratory disorders and to engage in or promote prevention and research respecting respiratory diseases. The Board may also establish treatment facilities with the approval of the Minister of Health.

STATUTES RELATED TO HEALTHY LIVING

THE ADDICTIONS FOUNDATION ACT (A60)

- Creates the Addictions Foundation of Manitoba and provides for the Foundation to provide necessary services for problems relating to the use or abuse of alcohol and other drugs and substances.

THE NON-SMOKERS HEALTH PROTECTION ACT (S125)

- Prohibits the sale of tobacco products to children.
- Prohibits smoking in enclosed public places and prohibits smoking in indoor workplaces where the province has clear jurisdiction subject to certain exceptions.

and:

Manitoba Prenatal Benefit Regulation (M.R. 89/2001) made under *The Social Services Administration Act*.

APPENDIX II

LEGISLATIVE AMENDMENTS IN 2004 - 2005

A number of statutes and regulations were amended or enacted in 2004 - 2005:

- ***The Non-Smokers Health Protection Amendment Act*** (In force June 10, 2004)
 - *Amended The Non-Smokers Health Protection Act to implement the recommendations made in a report tabled in November, 2003 by the All-Party Committee on Environmental Tobacco Smoke.*
 - *Amendments to the Act:*
 - broaden the ban on smoking in enclosed public places and prohibit smoking in indoor workplaces where the province has clear jurisdiction.
 - provide for specified exceptions to the ban including designated smoking rooms in group living facilities and hotels, etc. The ban also does not affect tobacco use by Aboriginal persons and their guests as part of a traditional Aboriginal spiritual or cultural practice or ceremony.
 - *Consequential amendments to other acts included amendments to:*
 - amend *The Municipal Assessment Act* to extend the school tax exemption to property used as licensed premises by legions and other veterans groups.
 - amend *The Workplace Safety and Health Act* to enable a regulation to be made under that Act allowing workplace safety and health officials to utilize existing workplace safety and health enforcement tools to enforce the ban in workplaces.
 - *Amendments came into force on October 1, 2004, except the amendments for *The Municipal Assessment Act* which came into force on January 1, 2005.*
- ***The Personal Health Information Amendment Act*** (In force June 10, 2004)
 - *Amended The Personal Health Information Act to:*
 - define "health" as the condition of being sound in mind, body and spirit. Other amendments remove language that becomes unnecessary by including a definition of "health" and it recognizes the spiritual aspect of health. The change was made to ensure that health is understood to have a spiritual, as well as a physical and mental dimension. The amendments were also meant to ensure that spiritual care providers, affiliated with health care facilities, are recognized as members of the health care team.
- ***The Human Tissue Amendment Act*** (In force June 10, 2004)
(The section that sets up the process for the agencies to assume responsibility for ensuring that reasonable efforts are made to determine if there is a wish to donate organs or tissue was proclaimed on December 1, 2004.)
 - *Amended The Human Tissue Act to:*
 - change the name of the Act to *The Human Tissue Gift Act*. It designates "human tissue gift agencies" that are to be notified when a person has died or is about to die. Those agencies are then responsible for ensuring that, in appropriate circumstances, reasonable efforts are made to determine if there is a wish to donate organs or tissue. They will work in consultation with hospitals. Staff of the agencies are trained to carry out these functions and are able to answer questions from patients or family members about the process of donating.
 - The agencies designated are the Lions Eye Bank of Manitoba and Northwest Ontario Inc., the Winnipeg Regional Health Authority Tissue Bank Program and the Winnipeg Regional Health Authority Organ Donation Program.

• ***The Health Services Insurance Act***

(In force March 1, 2005)

- Proclaimed portions of *The Health Services Insurance Act*, S.M. 1998, Chapter 53 to:
 - establish a new, updated licensing regime for personal care homes. As part of the package the new Personal Care Homes Standards Regulation and the new Personal Care Home Licensing Regulation were enacted under the Act at the same time.

REGULATIONS

The Health Services Insurance Act

Amendments were made to:

- the *Sessional Rates for Services Regulation* paid to physicians who provide services other than on a fee for services rendered basis as set out in the agreement between the Manitoba Medical Association and Manitoba Health.
- the *Personal Care Services Insurance and Administration Regulation* to adjust the amount of residential/authorized charges for personal care home residents to account for cost of living increases for residents and their spouses who are living in the community. The financial threshold was also increased for the waiver of payment of all or part of the authorized charge payable by a personal care home resident who has a spouse living in the community.

The amendments would also apply to long term patients in psychiatric facilities as the regulation under *The Mental Health Act* relating to long term patients in psychiatric facilities provides that charges for these patients are to be calculated in accordance with the *Personal Care Services Insurance and Administration Regulation*.

- the *Hospital Services Insurance and Administration Regulation* to adjust the amount of residential/authorized charges for individuals panelled for personal care home placement and chronic care patients to account for cost of living increases for such individuals and their spouses who are living in the community. The financial threshold was also increased for the waiver of payment of all or part of the authorized charge payable by a panelled or chronic care patient who has a spouse living in the community.

The tariff schedules for oral surgery and the cleft lip/palate program were also amended.

- the *Personal Care Home Licensing Regulation* to operationalize the new updated licensing regime.
- the *Personal Care Homes Standards Regulation* to establish new standards for personal care homes.
- the *Laboratory Requisition Forms Regulation* to allow payments to private laboratories for tests ordered by extended practice nurses. This was a consequential amendment as a result of amendments to *The Registered Nurses Act*.

The Non-Smokers Health Protection Act

- Amended the *Non-Smokers Health Protection Regulation* to fully operationalize the amendments to *The Non-Smokers Health Protection Act* which banned smoking in enclosed public places and indoor workplaces effective October 1, 2004.

The Personal Health Information Act

- Amended the *Personal Health Information Regulation* to designate *Diagnostic Services of Manitoba Inc.* as a public body that may establish health information networks to which other trustees may disclose personal health information without patient consent.

The Pharmaceutical Act

- Amended the *Manitoba Drug Interchangeability Formulary Regulation* as required to update the Formulary.

The Prescription Drugs Cost Assistance Act

- Amended the *Specified Drugs Regulation* to update the Schedule.
- Amended the *Prescription Drugs Payment of Benefits Regulation* to increase the Pharmacare deductible.

The Public Health Act

- Repealed the *Care Facilities Regulation* as a result of amendments to *The Health Services Insurance Act* respecting Personal Care Homes which established a comprehensive PCH licensure process under the Act and enabled enactment of a new, updated PCH standards regulation.

The Registered Dietitians Act

- A new *Registered Dietitians Regulation* was required in accordance with the new Act passed in 2002. It operationalizes provisions in the New Act concerning registration, establishment and content of registers, requirements for continuing competence requirements and practice standards.

The Registered Nurses Act

- A new regulation *Extended Practice Regulation* was required to allow registered nurses to practice independently, *in an advanced capacity*. The regulation sets out the registration requirements, proposed designation and practice parameters for extended practice nurses to function in an independent capacity including ordering and receiving reports on screening and diagnostic tests, prescribing drugs and performing minor surgical and invasive procedures.

APPENDIX III

Sustainable Development

*The Sustainable Development Act (The Act) was proclaimed in July 1998. The overall goal of sustainable development is **meeting the needs of the present without compromising the ability of future generations to meet their own needs.***

Principles and guidelines of sustainable development have been established to guide all Departments in the Province of Manitoba in their efforts to *meet the needs of the present without compromising the ability of future generations to meet their needs*. For an activity to be sustainable, it must be in compliance with all applicable principles and guidelines of sustainable development as determined by The Act.

Section 12(1)(c) of The Act requires each Department in the Province of Manitoba to report on the progress it has made in incorporating the principles of sustainable development into all of its activities. Further, Section 12(2) of The Act requires each Department to establish procurement guidelines, which were adapted in December 2000, and to publicly report on implementation. In fulfillment of these two sections, and to round out Manitoba Health's unique performance story with information on sustainable development, the Annual Report includes the progress and accomplishments of the Department in incorporating the principles and guidelines of sustainable development, by linking the stated principles to its accomplished activities.

In addition to Manitoba Health's fulfillment of the Sustainable Development Procurement Goals and the Provincial Sustainability Indicators, both noted in separate sections of this document, the following table highlights some of the progress and accomplishments of those principles and guidelines.

What needs to be done	What was done
1. Integration of Environmental and Economic Decisions: Economic decisions and activities should reflect environmental, human health and social effects; and, environmental and health decisions, activities and initiatives should take into account economic, human health and social consequences.	• Strategic Planning and Emerging Issues Unit (SPEI): Established the Manitoba Institute for Patient Safety in May, 2004 and liaises with the Institute to address patient safety and quality of care issues in Manitoba. Facilitated the development of <i>Manitoba Health's Planning Document (MHPD)</i> that sets out the goals for the health care system. MHPD provides leadership in the planning processes for setting strategic priorities and directions for the health system and for the ongoing progression of these plans within the Department. SPEI reviewed The Protection for Persons in Care Office (PPCO) and The Act with stakeholders throughout the Province of Manitoba. The review is intended to provide the PPCO with information required to make informed decisions regarding changes to legislation and to the PPCO organizational model. • Regional Support Services: Opened the first Health Access Centre in the Winnipeg Regional Health Authority, ACCESS River East, in April 2004. The Access Centre is designed to provide one-stop access to a wide range of coordinated health care services through inter-disciplinary team-based care, as well as information to area residents, and is committed to working closely with local organizations to support community activity and development. Opened the Manitoba Prostate Centre on September 21, 2004. At the Centre, men with prostate cancer will have access to information, education, assistance in making treatment decisions, psychosocial counseling, and be eligible for innovative clinical trials and translational (scientist-physician) research. • Regional Programs and Services (Admin): Continued implementation of the Primary Health Care Transitions Fund (PHCTF). Five foundational and 17 RHA initiated projects were funded by the PHCTF and are in various stages of implementation and completion. These initiatives are improving access, accountability and integration of services through fundamental and sustainable change to the organization, funding and delivery of PHC services. Continued to support the RHAs and monitor the development and implementation of these community initiatives. • Aboriginal Health: Took lead in the initial implementation of "As Long As The Waters Flow: An Aboriginal Strategy on HIV/AIDS" in Manitoba. Provided relevant information to RHAs on First Nation and Métis populations and protocols for use in planning of service delivery and program development. Provided relevant information to the First Nation Personal Care Home Networking Group for use in the establishment of a First Nation Licensing mechanism and determine eligibility for provincial licensing. Facilitated meetings between Manitoba Health and other provincial departments as well as the RHAs, federal government and Aboriginal groups. • Health Services Insurance Fund: Provided funding to increase the number of cataract surgeries at Pan Am Surgeries Centre and Portage La Prairie. Increased the number of hip and knee surgery at Concordia Hospital, Brandon Regional Health Centre and Boundary Trails Health Centre. Expanded the general surgery program at Selkirk Hospital. Funded the Eating Disorders Association of Manitoba (EDAM) for the first time, adding to government funding already being provided to four other self-help organizations specific to mental health services.
2. Stewardship: Plans, policies and decisions should ensure that the economy, the environment, human health and social well-being are managed for the equal benefit of present and future generations; and, that decisions are balanced with tomorrow's effects.	• Health Accountability, Policy and Planning: Provided leadership in the planning and development of policy in the areas of prevention, treatment, home care, long-term care, end of life care, patient safety, emerging issues, mental health, and health needs for children, women, persons with disabilities, seniors and aboriginal persons. • Regional Support Services: Completed a review of the Palliative Care Drug Access Program to assess access, quality and impact of the program in Manitoba. The Palliative Care Drug Access Program's purpose is to facilitate access to eligible pharmaceuticals on a no cost basis to terminally ill patients in their last six months of life for those patients who wish to remain in the community as an alternative to requiring admission to a health care facility.

What needs to be done

What was done

- **Mental Health, Addictions and Agency Relations:** In consultation with the Provincial Mental Health Advisory Council, completed the development of a provincial policy on meaningful family member and natural support participation in mental health service planning, implementation and evaluation. Continued provincial planning in the area of eating disorders in consultation with the Provincial Network on Eating Disorders. Initiated planning in the area of community services for Manitobans with acquired brain injury.
- **Accountability, Monitoring and Evaluation:** Enhanced partnerships and shared vision with RHA senior management regarding the development and implementation of performance deliverables and related processes. Integrated and improved Health Care planning processes that align resources and initiatives with system priorities. Ensured that all 52 recommendations of Thomas Report are being implemented by the RHAs and Health Centres as required. Provided progress report on implementation status of the 52 recommendations of Thomas Report.
- **Provincial Drug Programs:** With the assistance of the Manitoba Drug Standards and Therapeutics Committee (MDSTC), in 2004/05, 288 new drugs were added to the Pharmacare benefit list. The MDSTC makes recommendations to the Minister of Health on drug benefits.
- **Insured Benefits Services:** Participated in planning and development of a sustainable health care system in Manitoba through consistent customer focused services, continuous evaluation of work processes to improve effectiveness and efficiency of the programs to ensure that Manitobans are fully aware of and receive benefits to which they are entitled. Provided proactive opportunity assessment and timely risk resolution.
- **Medical Review Committee:** Under *The Health Services Insurance Act*, during 2004/05 fiscal year, reviewed 357 medical practitioners' patterns of practices and reported review results.
- **Capital Funding (Principal Repayments):** Initiated debt repayment on Acute Care Services, Long-Term Care Services, and Community and Mental Health Care Services projects; and completed equipment acquisition for these projects.
- **Disaster Management:** Conducted a survey of hazardous materials response issues in the health sector which will lead to an integrated provincial hazardous materials response strategy. Completed and disseminated a provincial health hazard assessment. Developed a provincial health incident management system (IMS) policy and guideline which will ensure a fully integrated provincial health response to all hazards. Disseminated the policy to RHAs and delivered presentations on IMS implementation. Rewrote Manitoba Health's emergency response plan based on the provincial health incident management system guideline.
- **Emergency Health and Ambulance Services:** Evaluated new and existing EMS practitioners to ensure minimum patient care standards are met as required under *The Ambulance Services Act (The Act)* and Regulation.
- **Public Health:** Evaluated Influenza Campaign to determine its effectiveness.
- **Federal/Provincial Policy Support:** Ensured that provincial policies on inter-jurisdictional matters were coordinated and communicated through Linkages Committee, etc. Provided strategic policy advice, policy support and short-term research functions on inter-provincial and inter-jurisdictional matters.
- **Information Systems:** Provided secretariat support, guidance, and membership participation to the newly formed health ICT Investment Coordination and Advisory Committee ("InvestCo"). The committee is composed of senior representatives from around the publicly funded health sector, and is mandated to provide ICT investment coordination recommendations to ensure that the ICT Capital Plan is effectively crafted, reflecting health sector priorities and objectives, while employing consistent and necessary due diligence to investment decisions.

What needs to be done

3. Shared Responsibility and Understanding:
Responsibility for sustaining the economy, the environment, human health and social well-being and accountability for decisions and actions in a spirit of partnership and cooperation with Manitobans. Decisions should reflect Manitoba's shared common economic, physical and social environment; understand and respect differing economic and social views, values, traditions and aspirations in decision-making and activities; and, consider and reflect in decisions and activities, the aspirations, needs and views of the people of the various geographical and ethnic groups in Manitoba, including aboriginal peoples, to facilitate equitable management of Manitoba's common resources.

What was done

- **Office of the Chief Medical Officer of Health:** Responded to several provincial outbreaks of disease, including tularemia in hamsters. Working with Manitoba Conservation, revised the beach posting guidelines.
- **Aboriginal Health (Provincial Nursing Stations):** Updated reference resource materials for staff to support the provision of the specialized programs and services provided by provincial nursing stations.
- **Regional Support Services:** Established and Co-chaired the Alzheimer Strategy Overview Committee in January 2005. This Committee worked collaboratively with Stakeholder Groups and the RHAs to identify, analyze and share information on initiatives, future partnership opportunities, develop clinical guidelines, and coordinate education policies related to the care of persons with Alzheimer and related dementias. Participated in the development of the Northern and Aboriginal Population Health and Wellness Institute to address the high burden of illness and risk factors in aboriginal people living in northern Manitoba.
- **Healthy Population:** Partnered with Manitoba Education, Citizenship and Youth (MECY) and Healthy Child Manitoba to lead Manitoba's participation in the Pan Canadian Health Promoting Schools Consortium.
- **Community, Acute and Long Term Care Planning:** Represented Manitoba Health and participated on the Federal/Provincial/Territorial working group to establish a Home Care Basket of Services, Canadian Home Care Association Invitational Roundtable (sponsored by Health Canada) to examine case management in Home Care. Represented Manitoba at the Western Canadian Institute of Health Information End-of-Life project.
- **Strategic Planning and Emerging Issues:** Participated as the first province in the Canadian Patient Safety Institute's (CPSI) collaborative provincial and territorial consultations. Participated with the Institute for Safe Medication Practice in their Failure Mode and Effects Analysis workshop coordinated by the Strategic Planning and Emerging Issues (SPEI) Unit and in a Root Cause Analysis workshop coordinated by the SPEI Unit and facilitated by CPSI working with the Manitoba Institute for Patient Safety.
- **Mental Health, Addictions and Agency Relations:** In partnership with Selkirk Mental Health Centre, coordinated the planning for redevelopment of the Selkirk Mental Health Centre including services and supports for Manitobans with Acquired Brain Injury (ABI). Enhanced its support to the Provincial Special Needs Unit, Mental Health Education Resource Centre of Manitoba and the Farm and Rural Stress Line.
- **Regionalization and Health Planning:** Through communication, consultation and process change, developed stronger linkages and integration regarding health planning with portfolios across the Department such as accountability/performance deliverables, capital planning, information and communication technology as well as mental health/addictions.
- **Workforce Policy and Planning:** In collaboration with Advanced Education and Training, Red River College and the Central RHA, supported the upgrading of a rural Licensed Practical Nurse to Registered Nurse program. This was an effort to increase nursing training and retention in rural Manitoba.
- **Primary Health Care:** Participated in national and multi jurisdictional initiatives including but not limited to Health Links -Info Santé -Chronic Disease Management Program; the Western Health Information Collaborative (WHIC) - Chronic Disease Management Info-structure Initiative; Northern and Aboriginal Population Health and Wellness Institute (NAPHWI) Multi-Jurisdictional Governance Initiative; as well as in Winnipeg Integrated Services (Access model).
- **Information systems:** Worked collaboratively with the western provinces, the Information Systems Branch and Public Health Branch and successfully secured funding from Health Canada for a "Western Canada Chronic Disease Management Infostructure". The Chronic Disease Management System in Manitoba will use standard data definitions developed and adopted collectively by the four western provinces. Actively collaborated with Canada Health Infoway (Infoway) on the identification of and agreement on four Manitoba priority program areas

What needs to be done

What was done

4. Prevention: Activities, decisions and legislation should anticipate and prevent or mitigate any significant adverse economic, environmental, human health and social effects; and, pay careful attention to any decisions and actions whose impacts are not entirely certain, but which, on reasonable and well-informed grounds, appear to pose serious threats to the economy, the environment, human health and social well-being.	In which infoway will consider strategic investment. These priorities include registries (client, provider and location), diagnostic imaging/ picture archiving (PACs), infrastructure and laboratory information systems. • Regional Programs and Services: Supported and assisted the Conseil communautaire en santé's request to be designated by the government of Manitoba as the official representative of the Francophone community in the areas of health and social services. Official recognition was granted on October 5, 2004. • Aboriginal Health: Participated in various working groups that impact on the health of Aboriginal people on and off-reserve. • Public Health Branch: Participated in assessment, planning and implementation of an innovative and sustainable Chronic Disease Management Infrastructure through the Western Health Information Collaborative. • Office of the Chief Medical Officer of Health: Participated in the Federal/Provincial cost-shared purchase of antiviral medication, the FIP/T level in the development of the Pan-Canadian Healthy Living Strategy, the Special Task Force for the development of the Pan-Canadian Public Health Network. Provided leadership and expertise in the development of the provincial Smallpox plan as part of the national plan, the development of a draft drinking water safety protocol, the planning of consultation on the national Public Health goals initiative and the development of a national policy paper on the role of the health sector in addressing health disparities. • Regionalization and Health Planning: All Regional Health Authorities and CCMB submitted their 2nd Comprehensive Community Health Assessment Reports to the Department in fall 2004. Through the Department P.O.R.T.A.L. project, a process was implemented to compile the CHA report findings into a high level summary.
5. Conservation and Enhancement: Activities and decisions should maintain the ecological processes, biological diversity and life-support systems of the environment; renewable natural resources that are harvested on a sustainable yield basis; ensure that persons allocated provincial resources make wise and efficient use of them; and, enhance the long-term productive capability, quality and capacity of natural ecosystems in programs and activities.	• Regional Support Services: Participated in the Manitoba Health Disaster Management Program planning, including pre-preparedness in areas such as Pandemic Flu and SARS outbreaks. • Cadham Provincial Laboratory: Through enhanced testing and alternatives, increased detection of Sexually Transmitted Infections (STIs) in high-risk populations in Manitoba; established stakeholder working groups to enhance alternatives for HIV testing; broadened reflex testing for other STIs; initiated a lookback of clients tested for immunity to Hepatitis B virus; established protocols for the detection of re-emergent Lymphogranuloma venereum and a resistant gonorrhea surveillance program. • Public Health Branch: Provided outbreak surveillance and epidemiological expertise in relation to Winnipeg Syphilis outbreak, Norovirus outbreaks in community settings and health care facilities, West Nile virus human surveillance, Hepatitis C outbreak in rural Manitoba, and Multiple influenza personal care home outbreaks. • Office of the Chief Medical Officer of Health: Responded to West Nile virus in summer 2004, evaluated and developed plans for the 2005 West Nile virus activities. Developed a draft provincial pandemic influenza plan.
	• Cadham Provincial Laboratory: Expanded genetic screening to at risk population in Manitoba and adjacent territories; maternal screening to include detection of additional fetal genetic diseases; introduced a re-engineered pesticide screening program to attain cutting edge capability, and established an Occupational/Scientific Advisory Committee for the Provincial Pesticide Screening Program. • Addiction Foundation of Manitoba: With the leadership and support of AFM clinical supervisors, staff are provided with ongoing feedback, guidance and training to continue to enhance their clinical skills and ultimately the services offered to AFM clients. • Aboriginal Health: Facilitated forums and meetings between First Nations, Métis and RHAs to explore ways and initiatives that will improve the health and well-being of Aboriginal people in Manitoba.

What needs to be done	What was done
6. Rehabilitation and Reclamation: Endeavour to repair or have repaired damage to, or degradation of, the environment; and, build into the Department's future allocations and plans for the use of resources, the requirement to rehabilitate and reclaim any damaged areas and resources.	• Public Health Branch: Enhanced quality assurance processes that support and assure the integrity of the provincial surveillance data information. In partnership with the Regional Health Authorities (RHAs) and other stakeholders, continued the process of developing, implementing, monitoring and evaluating a province-wide Regional Diabetes Program. The Regional Diabetes Program is an enhancement of the community-based Diabetes Education Resource Program and will integrate education into the continuum of diabetes prevention, care, research and support. Enhanced the Manitoba Immunization Monitoring System (MIMS) for more complete data capture, improved data quality and feedback to stakeholders in the form of various reporting methods, including the production of the first-ever <i>Manitoba Immunization Monitoring System Annual Report, 2003</i>, on immunization programs.
7. Global Responsibility: Think globally when acting locally and recognize that there is economic, ecological and social interdependence among provinces and nations; work cooperatively within Canada and internationally to integrate economic, environment, human health and social factors while developing comprehensive and equitable solutions to problems.	• Selkirk Mental Health Centre: As part of a Work Modification process, all employees away from work due to long term illness / workers compensation have been reviewed for opportunities to return to work. Three return to work programs have been initiated. • Capital Planning: Collaborated with RHAs to prioritize and address maintenance requirements.
8. Efficient Use of Resources: Encourage and facilitate the development, application and use of systems for proper resource pricing, demand management and resource allocation, together with incentives to encourage the efficient use of resources; and, employ full-cost accounting to provide better information for decision-makers.	• Health Accountability, Policy and Planning: Provided leadership in the planning processes for the development of strategic priorities and directions for the health system and for the ongoing progression of these plans within the Department. • Federal/Provincial Policy Support: Established and maintained linkages between Health Canada and other provincial and territorial departments. Conducted negotiations on cooperative initiatives, and Pan-Canadian institutions and policy approaches. • Office of the Chief Medical Officer of Health: Hosted a National Antiviral Conference
	• Human Resources: Through the development and provision of human resource programs and policies to support the current and future needs of the department, promoted the Employee Contribution and Development program; provided leadership in the coordination of internal succession management strategies including the Pan-Organizational Retention/Recruitment Training and Learning (PORTAL) initiative and leadership development training program. • Health Labour Relations: For appropriate allocation of resources, negotiated the incorporation of new fee-for-service tariffs. Amended existing fee-for-service tariffs and the Rules of Application in the Physician's Manual. • Capital Planning: Integrated universal access guidelines into new construction and major renovation projects wherever practical and according to identified needs. Incorporated the Power Smart Standard for new construction and renovation projects in three communities. • Provincial Drug Programs: Streamlined Drug Review Process to reduce costs and/or provide timely access to new medications. • Regional Programs and Services: Implemented a provincial health sector incident management system to coordinate provincial health resources in response to any emergency. Led the development of a national health incident management system to ensure national integration of response efforts. Provided collaborative leadership to the provincial blood system to facilitate effective and efficient utilization management of blood and blood products through a multi faceted strategy involving professionals, patients and the public. Provided policy

What needs to be done

What was done

9. Public Participation:

Use and establish forums which encourage and provide opportunity for consultation and meaningful participation by Manitobans in decision-making processes; provide due process, prior notification, appropriate and timely redress for those adversely affected by decisions and actions; and, strive to achieve consensus among citizens and the Department with regard to decisions affecting them.

program and budget supervision to the planning, management and operation of the Canadian Blood Services (CBS) and the Canadian Blood Agency (CBA). Managed and administered the Manitoba Hepatitis C financial Assistance Program (MHCAP).

- **Pharmacare:** Reduced financial hardship to residents of Manitoba associated with the cost of prescription medications. In 2004/05, benefits were paid to 86,274 families through Pharmacare and the Special Drugs Program.

- **Legislative Unit:** Conducted a public consultation on PHIA as part of a comprehensive review of The Act. Individuals and organizations participated and provided comments and feedback during and after the process.

- **Mental Health Review Board, Manitoba Health Appeal Board, and the Appeal Panel for Home Care:** Ensured that Manitobans have the right to be heard or appeal unsatisfactory medical/health related decision(s) affecting them or their family members.

- **Mental Health, Addictions and Agency Relations:** Provided support for self-help organizations, including the Anxiety Disorders Association, the Canadian Mental Health Association, the Mood Disorders Association, the Obsessive Compulsive Information and Support Centre, and the Manitoba Schizophrenia Society.

- **Regionalization and Health Planning:** Provided Public Participation in the health regions through a number of routes for the CHA process. Community consultations, focus groups, region specific surveys and key informant interviews were held in the regions and by CCMB. As well, eight Health Authorities participated in a survey focusing on three gap areas that had previously been identified. Four hundred residents in each of these regions were contacted and the Department's P.O.R.T.A.L. project compiled all the CHA report findings into a high level summary.

10. Access to Information:

Improve and refine economic, environmental, human health and social information related to natural resources and the environment; and, provide and promote the opportunity for equal and timely access to its information by all Manitobans.

- **Legislative Unit:** Through *The Personal Health Information Act* (PHIA), provided information and formal presentations on PHIA to Health Information Trustees throughout the province to assist them in upholding Manitobans' rights to access and privacy, as well as to the public to assist them in understanding their rights and appeal processes. Participated in a Federal/Provincial/Territorial Working Group on the privacy of personal health information in support of *The Personal Information Protection and Electronic Documents Act*, which was enacted in January 2004 and covers the collection, use or disclosure of personal information in the course of any commercial activity within a province.

- **Information systems:** Completed the detailed planning for a new provincial Enterprise Master Patient Index (EMPI) which will be used to uniquely identify all individuals receiving health care services in Manitoba.

- **Regional Programs and Services:** Opened the Manitoba Prostate Centre on September 21, 2004. At the Centre, men with prostate cancer have access to information, education, assistance in making treatment decisions, psychosocial counseling, and are eligible for innovative clinical trials and translational (scientist-physician) research.

- **Public Health Branch:** Provided regular and routine reports on influenza surveillance data, monthly communicable disease surveillance data, Annual HIV/AIDS Statistical Update to the Public Health Agency of Canada, the RHAs, as well as posted to the CDC Unit website with regard to the Immunization and STI Performance Deliverables. Released in March 2005, a first-ever epidemiologic and program report on the Descriptive Epidemiology of Sexually Transmitted Infections and Blood-borne Pathogens in Manitoba: 2002/03. Released in April 2004, the Results from Phase II of the "Enhanced Sexually Transmitted Diseases" among Winnipeg Street-involved Youth Study. Produced new surveillance and epidemiological information for inclusion in the Aboriginal Strategy on HIV/AIDS. In December 2004, a Component of Manitoba's Provincial AIDS Strategy was released.

What needs to be done	What was done
11. Integrated Decision-making and Planning: Encourage, facilitate, establish and ensure decision-making and planning processes are efficient, timely, accountable and cross-sectoral; and incorporate into decision-making and planning an inter-generational perspective of future needs and consequences.	• Regionalization and Health Planning: Provided Poster Presentations at the Canadian Public Health Association Conference in St. John's, Newfoundland and the CCHSE Provincial Health Conference in Winnipeg Manitoba to highlight the Manitoba Community Health Assessment process. • Information Systems: Completed the implementation of the Provincial ICD10 project which not only migrates the existing ICD9 Manitoba Health and hospital abstracting systems in Winnipeg to the national ICD10 standard but adds all other provincial and federal hospitals in Manitoba to the abstracting and reporting process. The result being a complete and comprehensive reporting to the Canadian Institute for Health Information for Manitoba at the National level. • Mental Health, Addictions and Agency Relations: Participated in the Co-occurring Mental Health and Substance Abuse Disorders Initiative in collaboration with the Addictions Foundation of Manitoba (AFM) and the Regional Health Authorities. Provided funding to AFM for the development of a course in co-occurring mental health and substance use disorders. Participated on the F/P/T Mental Health Advisory Network on Mental Health, the Mental Health Manager's Network and various inter-department committees, including Justice, Family Services & Housing. • Regionalization and Health Planning: Worked with and received Health Plans for fiscal year 2005/06 from the RHAs CCMB on August 1/04 based on Health Plan Guidelines and utilizing evidence from their CHA and other relevant data sources.
12. Waste Minimization and Substitution: Encourage and promote, within and outside the Department, development and use of substitutes for scarce resources, where such substitutes are environmentally sound and economically viable; and, reduce, reuse, recycle and recover the products the Department uses in its daily operations, and encourage, promote and facilitate the 4Rs in society, generally.	• Finance and Administration: Established a Recycling Program at 300 Carlton Street, Winnipeg. Provided recycling blue boxes at different key locations on every floor for empty beverage and food containers. Provided boxes for waste paper recycling in every office. Continued focus on purchasing products manufactured with recycled materials. • Regionalization and Health Planning: Continues to develop electronic system to minimize paper copies for sharing across the Department.
13. Research and Innovation: Encourage and assist in the research, development, application and sharing of knowledge and technologies which further economic, environmental, human health and social well-being.	• Regional Support Services: Opened the Manitoba Breast Cancer Research Centre in October 2004. The new centre will conduct research on the identification of biological markers for the early detection of breast cancer, a recognized strength of the Manitoba Institute of Cell Biology in which the new centre will be housed. This centre is internationally unique, notably because of its supporting platforms – the Functional Genomics Centre, Manitoba Tumor Bank and the Genomic Centre for Cancer Research and Diagnosis. • Selkirk Mental Health Centre: Researched projects on Demographic Characteristics of Admissions (DCA), and Principal Patients' Attitudes towards the Use and Purpose of Sedation at the Selkirk Mental Health Centre. • Manitoba Centre for Health Policy: Provided funding for policy evaluation and research initiatives including Health and Health Care Use Patterns – Gender comparison, establishment of Chronic Disease definitions using Administrative Data, PCH Quality of Care Indicators, Needs-based and population-based funding methodology, and assessment of Surgical Waiting Times Using Administrative Data and Patient Registries in Manitoba. • Public Health Branch: Participated in research initiatives with other organizations, provinces and the Federal government to enhance leading-edge knowledge development related to the prevention, education, control and management of a range of communicable diseases including Sexually Transmitted Infections (STIs), HIV/AIDS, tuberculosis, syphilis, meningococcal diseases, rabies and others. Completed year two of the Manitoba

Principles (1-7) and Guidelines (8-18) of Sustainable Development	What needs to be done	Actions Related to Sustainable Development
What was done		
		Diabetes Care Project, a three-year research project using province-wide administrative claims data to evaluate the impact of the Manitoba Diabetes Care Recommendations on the practice patterns of primary care physicians in the province. Implemented the Risk Factor & Complication Assessment Train-the-Trainer program (previously known as the Complication Risk Factor Assessment Master Trainer). Coordinated the annual three-day Diabetes Education Network Workshop for over 300 health professionals and providers from Manitoba and NW Ontario, as well as supported and provided leadership for implementation of the Regional Diabetes Program in each RHA. • Regionalization and Health Planning: Held 12 onsite organization specific orientation sessions to assist RHAs and CCMB in learning about the revised Health Plan guidelines and database submission, and RHAs and CCMB received feedback letters from Manitoba Health regarding their Health Plan submission. Provided the fourth educational workshop focusing on report writing attended by the RHAs/CCMB and their community assessment teams. • Chief Provincial Psychiatrist: Offered and provided educational sessions for psychiatric facilities, professionals, consumers, families and appropriate agencies regarding <i>The Mental Health Act</i>. • Addictions Foundation of Manitoba (AFM): Worked in partnership with River East Transcona School Division in a prevention education initiative to develop the capacity of the school division and surrounding community to provide prevention, education and intervention services targeted to youth alcohol, other drugs and gambling issues. Developed a middle-year's (grades 7 & 8) gambling education multi-media presentation, called "It's Your Lucky Day!" in both English and French, as well as providing a bi-lingual interactive website, (www.luckyday.ca), for youth. In September 2004, AFM defined the role of self-help in AFM programs. Evaluated Fetal Alcohol Spectrum Disorder (FASD) project that was designed to ensure that FASD affected youth in conflict with the law receive appropriate judicial dispositions, including formal diagnosis, improved access to services and assistance in the identification and development of family oriented and community based resources. • Office of the Chief Medical Officer of Health: Provided educational sessions in a variety of settings related to West Nile virus. • Aboriginal Health (Provincial Nursing Stations): Improved the knowledge and skill of nurses through provision of enhanced nursing skills training specific to services provided at the nursing stations. • Activities on Education, Training and Awareness can be found on Sustainable Development Procurement Goals section of this document.
14. Education, Training and Awareness: Increase awareness about the benefits of Sustainable Development Procurement among Departments, employees and vendors; and, expand the knowledge and skills of procurement practitioners and end-users.		• FAQ sheet on Phosphorus as a pollutant. • Monitored Air Quality (year-long study) in Transcona. • Monitored, in cooperation with Manitoba Conservation, air quality in Flin Flon with particular emphasis on particulate matter, sulphur dioxide and arsenic. • Pesticide Screening Program Re-engineered for cutting-edge capability at Cadham Provincial Laboratory.
15. Pollution Prevention and Human Health Protection: Reduce the purchase and use of toxic substances; and, reduce solid waste sent to landfill from Government of Manitoba-owned or leased facilities occupied by the Department.		

What needs to be done	What was done
16. Reduction of Fossil Fuel Emissions: Reduce both consumption and emissions of vehicle fuels; and, as a substitute for regular fuels, increase use of ethanol-blended fuels and alternative energy sources.	• Public Health: Established and conducted "Commuter Challenge" initiative aimed at encouraging staff to contribute to the efforts against climate change. Staff were encouraged to help reduce gas emissions through their respective choices of transportation (cycling, walking, rollerblading, taking the bus, or carpooling) for a period of time.
17. Resource Conservation: Reduce the total annual consumption of utilities, including natural gas, electricity, propane, fuel oil and water in all Government of Manitoba-owned or leased buildings and premises occupied by the Department; and, within the context of reduced resource use, increase the proportion of environmentally preferable products and environmentally preferable services used by the Department.	• Capital Planning: Adopted the Power Smart Standard for new construction and major renovation projects. Provided Power Smart designation to Gimli Community Health Centre, East Borderland Primary Health Care Centre, and Swan River Valley Health Centre.
18. Community Economic Development: Increase the participation of aboriginal peoples and suppliers in providing for goods and services needs; assist in the development and growth of local environmental industries and markets for environmentally preferable products and services; and, increase the participation of small businesses, community-based businesses and cooperatives in the Department's procurement opportunities.	• Workforce Policy and Planning (Manitoba Health): Provided financial support for cross-training programs leading to X-ray Assistant and Lab Assistant functions. Funding is for three years (2004/05 to 2006/07). The Office of Rural and Northern Health became fully operational and engaged in ongoing activities related to increasing the number of rural and northern applicants to medical school, increasing exposure of medical undergraduates and residents to rural and northern training opportunities, and improving training opportunities for rural physicians. • Healthy Communities Development Fund: The Nurses Recruitment and Retention Fund was established in 1999 to recruit and retain RNs, RPNs, and LPNs in Manitoba. Funding for services was provided to two federal hospitals and 18 nursing stations. • Capital Planning: Continued to dialogue with Manitoba Association of Architects and Consulting Engineers to improve professional service agreements. • Public Health Branch: Installed one new community water fluoridation systems. In 2004/05, 89 communities were fluoridating their water systems representing approximately 95% of the population on a public water supply system. The program is community based and operated with Manitoba Health providing ongoing surveillance, monitoring and support. Water fluoridation has been proven to reduce dental decay by up to 60% for some age groups. • Aboriginal Health (Provincial Nursing Stations): Arranged completion of the transfer of operational responsibility of the Ilford nursing station to Burntwood Regional Health Authority (BRHA) in partnership with the BRHA and community representatives from Ilford and War Lake First Nation. Provided coordination and support for the transfer of planning responsibility for the new Ilford Nursing Station to BRHA in collaboration with BRHA, Transportation and Government Services and Manitoba Health Capital Planning Branch. Supported the negotiation process between Manitoba Health, Health Canada and The Swampy Cree Tribal Council to plan for the eventual transfer of the Moose Lake, Easterville and Grand Rapids Nursing Stations to local community Health Authorities. • Regional Support Services: Opened a new renal health/dialysis unit in Garden Hill, serving four remote northern communities. This is the first unit providing hemodialysis that is not situated in a hospital. It is juxtaposed to a Federal nursing station.

Sustainable Development Procurement Goals

Goal 1: Education, Training and Awareness

To meet the intent of this Goal, a department would need a culture that supports the existence of sustainable procurement practices by:

- increasing awareness about the benefits of Sustainable Development Procurement among departments, employees and vendors; and,
 - expanding the knowledge and skills of procurement practitioners and end users.
- ☐ A Sustainable Development presentation was held for all Manitoba Health staff on November 5, 2003 at the Prairie Theatre Exchange, and it included displays from Materials Distribution, Fleet Vehicles, Manitoba Hydro, Conservation, and the City of Winnipeg Recycling Program to increase awareness of Sustainable Development initiatives.
 - ☐ All Divisions/Branches are encouraged to include Sustainable Development topics in their monthly/quarterly divisional meetings.
 - ☐ An internal web site for Sustainable Development communication within the Department has been developed and currently being updated.
 - ☐ Government-wide directives on sustainable development initiatives on recycled papers, toner cartridges etc, are continually enforced.
 - ☐ Staff involved with the procurement of stationary products are continually encouraged to select "Green" products whenever possible.

Goal 2: Pollution Prevention and Human Health Protection

To meet the intent of this Goal, a department would need to protect the health of Manitobans and the environment from any possible adverse effects of its operations and activities, and to provide a safe and healthy working environment by:

- reducing its purchase and use of toxic substances; and,
 - reducing solid waste sent to landfill from Government of Manitoba-owned or leased facilities occupied by the department.
- ☐ Blue-bin recycling program is active at 300 Carlton, 1680 Ellice, and 750 William sites. Bins are installed in boardrooms, meeting rooms and all lunchrooms.
 - ☐ All staff are continually encouraged to save waste papers for recycling. There are paper recycling boxes in all offices, and a 100% participation rate.
 - ☐ Effective April 1, 2002, smoking by staff in buildings and government vehicles is prohibited with the intention of moving to a smoke free working environment. This is active and effective.
 - ☐ Cadham Provincial Laboratory (CPL) is the early warning system for the Minister of Health to warn of impending outbreaks. This allows the Province to be proactive, rather than reactive, to public health concerns.
 - ☐ Rolled-out Transport of Dangerous Goods compliant shipping containers to rural diagnostic units.
 - ☐ Converted to a modern blood culture system to minimize contamination, permit enhanced tracking capability, and to meet accreditation requirements.
 - ☐ Expanded urine-based STD testing to control and decrease the transmission of sexually transmitted infection in Manitoba.
 - ☐ Completed a national study on the prevalence of human metapneumovirus respiratory infections.
 - ☐ Amended *The Non-Smokers Health Protection Act* to:
 - strengthen the prohibition against providing tobacco to children, and increasing the penalties for this and other offences.
 - place limits on the advertising, promotion and display of tobacco.
 - ☐ Amended *The Public Health Act* to:
 - permit the seizure and forfeiture of inhalants that are used as intoxicants, such as gasoline, nail polish and glues.

Goal 3: Reduction of Fossil Fuel Emissions

To meet the intent of this Goal, a department would need to reduce fossil fuel emissions of their operations and activities by:

- reducing both consumption and emissions of vehicle fuels; and,
 - as a substitute for regular fuels, increasing its use of ethanol-blended fuels and alternative energy sources.
- ☐ "Commuter Challenge" initiative was established and aimed at helping each staff contribute to the efforts against climate change. Staff are encouraged to help reduce gas emissions through their respective choices of transportation (cycling, walking, rollerblading, taking the bus, or carpooling) for a period of time.

Goal 4: Resource Conservation

To meet the intent of this Goal, a department would need to reduce its use and consumption of resources in a sustainable and environmentally preferable manner by:

- reducing the total annual consumption of utilities including natural gas, electricity, propane, fuel oil and water in all Government of Manitoba-owned or leased buildings and premises occupied by the department; and,
 - within the context of reduced resource use, increasing the proportion of environmentally preferable products and environmentally preferable services used by the department.
- ☐ The Department works with Manitoba Hydro to ensure that facility construction projects meet Hydro's standards for energy efficiency and are Power Smart.
- Integrated the universal access guidelines into new construction and major renovation projects wherever practical and according to identified needs.
 - Incorporated the Power Smart Standard for new construction and renovation projects. Wabowden Health Care Centre, Riverton Community Health Centre and Neepawa Chemotherapy Services projects received Power Smart Designation.
- ☐ Corporate policies, manuals, forms, applications, etc., are available on the Intranet.
- ☐ Duplex capabilities have been added to various network printers to provide double-sided print capabilities to reduce paper consumption.

Goal 5: Community Economic Development

To meet the intent of this Goal, a department would need to ensure that its procurement practices foster and sustain community economic development by:

- increasing the participation of Aboriginal peoples and suppliers in providing for the department's goods and services needs;
 - assisting in the development and growth of local environmental industries and markets for environmentally preferable products and services; and,
 - increasing the participation of small businesses, community-based businesses and Co-ops in the department's procurement opportunities.
- ☐ Implemented the Aboriginal Human Resource Strategy in Burntwood RHA and initiated this strategy in Nor-Man region.
- ☐ Brandon RHA established a preliminary Aboriginal Elder Program.
- ☐ Invited vendors listed in the Aboriginal Business Registry to submit a response to services being tendered.

Provincial Sustainability Indicators

The process of developing a set of provincial sustainability indicators began with the Act's proclamation and required the Province of Manitoba to establish a set of sustainability indicators by July 2001. A provincial sustainability report, based on these indicators, must be developed by July 2005.

The purpose of the Provincial Sustainability Indicators Initiative is to establish a set of indicators for sustainability reporting that will provide information on the vital signs of Manitoba's environment, economy, human health and social well-being and to discuss their linkages and interdependencies. This is intended to provide the basis for making better-informed, holistically-based decisions, and to ensure that future generations have the same or better opportunities as we do. It will aid in benchmarking as well as monitoring trends and determining progress toward established targets. Under the Sustainability Indicators Initiative, the indicators for Health address:

- Healthy lifestyle choices
- Use of health services relative to need
- Potential years of life lost
- Infant mortality rate
- Ability to function

In July 2001, the categories of indicators recommended by the Manitoba Round Table for Sustainable Development were accepted by Government on an interim basis. Manitoba Health is providing data and interpretative analysis for the selected health indicators and is participating in the working group that will develop the report.

